

LANCASHIRE COUNTY COUNCIL

INTERIM REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1947

(Presented to the County Council, April 28th, 1949)



LANCASHIRE COUNTY COUNCIL

F. Taylor & Co. (Blackpool) Ltd., Back Regent Road, Blackpool

1949

084



PRINCIPAL CONTENTS

	Page
PUBLIC HEALTH AND HOUSING COMMITTEE AND MIDWIVES, MATERNITY AND CHILD WELFARE COMMITTEE	4
STATISTICS AND SOCIAL CONDITIONS	7
GENERAL PROVISION OF HEALTH SERVICES	21
SANITARY CIRCUMSTANCES	72
HOUSING	80
INSPECTION AND SUPERVISION OF FOOD	81
PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES	87
MIDWIFERY, MATERNITY AND CHILD WELFARE	96
BLIND PERSONS ACTS, 1920 AND 1938	102
CIVIL NURSING RESERVE	105
TABLES, ETC.	107
INDEX	137

PUBLIC HEALTH AND HOUSING COMMITTEE (1947-48)

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*SIR JAMES AITKEN, J.P. (*died 5-3-48*).

The Vice-Chairman of the County Council:

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Chairman of Committee:

*SIR THOMAS TOMLINSON, J.P.

Vice-Chairman:

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H. WELSBY, Esq. (*appointed 6-11-47*).
H. W. WHITTLE, Esq., M.B.E.

MIDWIVES, MATERNITY AND CHILD WELFARE COMMITTEE (1947-48)

The Chairman of the County Council:

*SIR JAMES AITKEN, J.P. (*died 5-3-48*).

The Vice-Chairman of the County Council:

*H. HYDE, Esq., J.P.

Chairman of Committee:

*LADY A. F. P. WORSLEY-TAYLOR, J.P.

Vice-Chairman:

*Mrs. A. BOTTOMLEY, J.P.

County Aldermen:

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H. FOSTER JEFFERY, Esq., M.B., Ch.B., J.P.

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Mrs. B. F. WIGNALL.
Mrs. E. WILLIAMSON.
E. WOOD, Esq. (*appointed 6-11-47*).
F. YARWOOD, Esq.

(*County Aldermen)

INTERIM REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the Year ended 31st December, 1947.

To the Chairman and Members of the Lancashire County Council.

I have the honour to submit for your consideration the fifty-ninth annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1947, together with the vital statistics relative to that period.

Although at the suggestion of the Ministry of Health the report is once again of the interim type, the report contains certain sections which may prove of value to your future administration, particularly those which set out the main features of divisional administration of services now the responsibility of the County Council as a Local Health Authority.

It is again satisfactory to record a further fall in the rate for maternal mortality, the figure of 1.35 per thousand total births being 0.07 below the previous lowest record in 1946.

Less satisfactory is the increase of one per thousand in the infant mortality rate, which is 47 per thousand live births, as compared with the low record rate of 46 per thousand for 1946. The continued rise in the number of deaths from diarrhoeal diseases in infants under one year is a disquieting feature of infant mortality. The live birth-rate at 20.48 per thousand of the population is the highest rate recorded since 1921. Although the total live births showed an increase, there was a fall in the number of illegitimate births from 1,872 in 1946 to 1,616 in 1947. The stillbirth rate of 25 per thousand total births was the lowest ever recorded.

The crude death-rate at 13.02 per thousand of the estimated mean civilian population was 0.41 higher than that for the previous year; heart disease, which accounted for 29 per cent. of total deaths, being the principal cause of death. This and the high rates from cancer and cerebral vascular lesions are associated with the ageing of the population. The pulmonary tuberculosis death-rate at 0.38 per 1,000 of the estimated mean civilian population equalled that of 1945, which was the lowest ever recorded for the County. The provisional rate for England and Wales was 0.47.

The effect of preventive methods against diphtheria is shown by a decrease in notifications and number of deaths to the extent of 50 per cent. and 52 per cent. respectively of the previous year's figures—a very considerable achievement.

For the ninth successive year no case of smallpox was notified. Although there was an increase in the notifications of scarlet fever from 2,794 to 2,996 there were only two deaths. There is evidence of a remarkable decrease in the virulence of this infection.

Notifications of acute poliomyelitis and acute polio-encephalitis unfortunately reached an unprecedented height, the total number of 375 cases being 287 more than the previous highest total of 88 in 1933. A special report on the outbreak, in which there were 36 deaths and the inevitable amount of crippling conditions among those who survived, is given in the body of the report.

Following the appointment of four Assistant County Sanitary Officers in 1946, the routine sampling of milk of designated grades almost doubled, and as regards Food and Drugs the rate of 3.21 samples per 1,000 population in 1946 rose to 5.05 samples per 1,000 in 1947.

Administratively, 1947 was a year of preparation for the coming into effect of the National Health Service Act. This, together with the National Assistance Act, which finally abolished the existing poor law, made it necessary to give consideration to the future organisation of the health services as a whole, and it was decided that efficiency could best be maintained by establishing a divisional system of administration.

The Scheme of Divisional Health Administration, particulars of which are included with this report, has certain advantages in connection with both these major Acts of social legislation. With regard to the new administrative bodies established under the National Health Service Act, the scheme provides, by means of dual representation, a method of liaison between the curative and preventive medical services which should be mutually beneficial, and thus avoid that tendency to detachment which hitherto has been an unsatisfactory administrative feature of the medical services.

Another important advantage of the Divisional Scheme is that, by establishing Divisional Committees with their staffs, an area organisation is created which, by bringing to bear that valuable local knowledge of conditions and circumstances, can deal more effectively with the day-to-day work of the personal health and welfare services.

Adequate arrangements have thus been made for the conduct of those medical services which are the responsibility of the County Council as a Local Health Authority, and I wish to express my grateful thanks to the staff of the Health Department, who have shown ability of a high order and much enthusiasm in preparing the necessary directive circulars and memoranda.

The chief value of a service to the public, however, rests with the quality of the technical personnel engaged, and in this respect the position is not satisfactory, the most disquieting feature being a shortage of health visitors. It is no doubt true that further progress in raising the standard of health and preventing many common forms of illness depends, to some extent, upon researches and surveys by teams of specialised workers. Nevertheless, what has been accomplished in the last few decades has been due in large measure to the patient day-to-day work of the health visitors acting under the direction of medical public health officers, and the record of their achievement is impressive. It is most important that this work should be maintained, and that recruitment should be encouraged, so that these valuable and comparatively economical public health services can be developed on the most effective lines.

In directing the attention of members of the County Council to these features of the report, I desire to thank them, on behalf of the Medical Department, for their considerate administration and, in particular, the members of the Public Health and Housing Committee and the Health Committee for their interest and helpful guidance.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. HALL,

County Medical Officer of Health.

Health Department,
County Offices, Preston.
March, 1949.

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

Physical features and general character of the County.—The Geographical County of Lancaster is bounded on the north by Westmorland, on the north-west by Cumberland, on the east by Yorkshire, on the south by Cheshire, and on the west by the Irish Sea. The north-western portion of the County, the peninsulas of Furness and Cartmel—physically a part of the Lake Country, is separated from the rest of the County by Morecambe Bay and the estuary of the River Kent.

The greatest length of the County from Wrynose Pass, Dunderdale, in the north-west, to Denton in the south-east is roughly 80 miles, and from east to west in the widest part, south of the Ribble, about 45 miles; above the River Ribble the width contracts to some 25 miles.

The Pennine Range runs along the eastern side of the County. In the north is Conistون Old Man, the highest point in Lancashire, 2,633 feet, whilst two of the neighbouring fells attain to over 2,500 feet. The highest point south of Morecambe Bay is at Greygarth, Leek, Lunesdale Rural District (2,250 feet).

The chief rivers are the Mersey, Irwell, Ribble, Wyre and Lune, which flow into the Irish Sea. In the northern portion are the Rivers Kent, Leven, Keer, Cocker, Duddon, Brathay, Winster, etc. The only large lakes entirely in Lancashire are Conistون (the third largest lake in England) and Esthwaite. Two-thirds of the shore of Lake Windermere is in the County.

Almost every type of scenery is to be found within the borders of Lancashire, ranging from the mountain rock and lakes of the Furness area and the wild moorland of the Yorkshire boundary to the valleys of the Lune and Ribble and the cultivated plains sweeping from the Pennines to the sea.

The County can be roughly divided into two distinct types of area, that in the north consisting chiefly of sparsely populated rural districts which, as the mid-south and south-east are approached, resolve themselves into densely populated industrial areas—the latter naturally being almost coterminous with the Lancashire coalfield. Whilst the northern portion of the County together with the fertile plains of the Fylde and west coast are predominantly agricultural in character, the industrial life is principally centred around textile works, mining and quarrying.

Area of Administrative County.—The area of the Administrative County *as constituted on the 31st December, 1947*, was 1,037,662 statute acres. No change of boundary affecting the County area took place during the year.

The acreage of each County district, compiled in accordance with the Registrar-General's Census of England and Wales, 1931—County of Lancaster (Part II), incorporating alterations of boundary effected by the first general review of districts under Section 46 of the Local Government Act, 1929, and subsequent alterations, is given in Table 2, pages 110 to 117.

In the preparation of tables and statistics for this report, all adjustments necessary on account of the alteration of districts have been made, unless otherwise stated.

Population of Administrative County.—The mean civilian population of the Administrative County during 1947 as estimated by the Registrar-General was 1,959,160—an increase of 34,280 over the estimate of 1,924,880 for the previous year. The total population of the urban districts in 1947 was estimated to be 1,684,130 and that of the rural districts, 275,030.

The *natural* increase in the population of the Administrative County, i.e., the excess of births over deaths, was 14,623, compared with 11,179 in 1946—an increase of 3,444.

The Census, 1931, population of the Administrative County in terms of constitution as at the 31st December, 1947, i.e., adjusted in accordance with the alterations of boundaries since the census, was 1,779,809 (urban districts 1,564,210, rural districts 215,599). Thus, although a net population loss of 15,264 was sustained in consequence of such adjustments, the 1947 estimate shows an increase of 10·0 per cent.—179,351 of population—over the census figure. The percentage increases for the urban and rural districts are 7·6 and 27·5 respectively.

The tabular statement below shows the population of the Administrative County and of the urban and rural districts *at the date of the Census, 1931*, together with the estimates for the succeeding years:—

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual increase or decrease	Population	Annual increase or decrease	Population	Annual increase or decrease
1931	1,795,073	—	1,531,112	—	263,961	—
1932	1,802,700	+ 7,627	1,536,200	+ 5,088	266,500	+ 2,539
1933	1,802,730	+ 30	1,570,232	+ 34,032	232,498	— 34,002
1934	1,807,090	+ 4,360	1,580,659	+ 10,427	226,431	— 6,067
1935	1,821,100	+ 14,010	1,591,510	+ 10,851	229,590	+ 3,159
1936	1,842,900	+ 21,800	1,606,500	+ 14,990	236,400	+ 6,810
1937	1,859,200	+ 16,300	1,616,700	+ 10,200	242,500	+ 6,100
1938	1,880,600	+ 21,400	1,631,900	+ 15,200	248,700	+ 6,200
1939	1,904,100	+ 23,500	1,643,500	+ 11,600	260,600	+ 11,900
1940	1,900,870	— 3,230	1,632,840	— 10,660	268,030	+ 7,430
1941	1,918,320	+ 17,450	1,641,020	+ 8,180	277,300	+ 9,270
1942	1,885,600	— 32,720	1,611,300	— 29,720	274,300	— 3,000
1943	1,848,650	— 36,950	1,580,760	— 30,540	267,890	— 6,410
1944	1,837,800	— 10,850	1,575,900	— 4,860	261,900	— 5,990
1945	1,832,420	— 5,380	1,575,290	— 610	257,130	— 4,770
1946	1,924,880	+ 92,460	1,655,920	+ 80,630	268,960	+ 11,830
1947	1,959,160	+ 34,280	1,684,130	+ 28,210	275,030	+ 6,070

Note: During the years 1939-47 non-civilians are excluded.

Table 2, pages 110 to 117, shows the estimated mean civilian population of each County district in 1947, together with the Census, 1931, enumerations adjusted in accordance with the alterations of districts since that date.

The following table gives the area, population, persons per acre, and acres per person of the Administrative County *as constituted on the 31st December, 1947*, distributed among the non-county boroughs, urban and rural districts:—

	Area in acres, 31/12/1947	Population		Persons per acre	Acres per person
		Census, 1931 (adjusted)	Estimated mean civilian population, 1947		
		Calculated on estimated population			
Municipal Boroughs (26)	123,684	840,676	862,400	6·97	0·14
Urban Districts (68)	248,956	723,534	821,730	3·30	0·30
Rural Districts (15)	665,022	215,599	275,030	0·41	2·41
Administrative County (109)	1,037,662	1,779,809	1,959,160	1·88	0·52

VITAL STATISTICS.

Summary of Vital Statistics, 1889-1947.—The following table compares the County birth and death-rates for the year 1947 with the previous year, and with the 58 years, 1889-1946, grouped in quinquennial periods:—

	Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
	Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
Mean of 5 years—							
1889-1896 (8 years)	30·14	18·59	*1·33	—	—	—	157
1897-1901	27·30	17·02	1·09	—	—	—	167
1902-1906	25·84	14·99	0·88	0·64	—	—	141
1907-1911	23·55	14·11	0·87	0·75	—	—	126
1912-1916	20·90	14·27	0·90	0·94	5·06	—	111
1917-1921	18·53	14·06	0·87	1·09	5·10	—	93
1922-1926	16·68	12·54	0·69	1·22	5·23	—	81
1927-1931	14·21	12·67	0·58	1·40	5·38	—	72
1932-1936	13·32	12·58	0·49	1·52	5·13	4·87	63
1937-1941	14·27	13·20	0·43	1·61	3·98	3·80	58
1942-1946	17·39	12·83	0·40	1·83	2·31	2·24	49
Year—							
1946	18·42	12·61	0·39	1·85	1·46	1·42	46
1947	20·48	13·02	0·38	1·86	1·39	1·35	47
Increase or decrease in 1947 on—							
Mean of 5 years, 1942-46	+ 3·09	+ 0·19	— 0·02	+ 0·03	— 0·92	— 0·89	— 2
Previous year	+ 2·06	+ 0·41	— 0·01	+ 0·01	— 0·07	— 0·07	+ 1

* Seven years.

Note: The death-rates given in this Report for the County area and for the County districts are (except where otherwise stated) “unweighted” or “crude” rates, i.e., they are neither “standardised” nor “corrected”.

Live Births and Birth-rates.—The number of live births registered in or belonging to the Administrative County during the year ended 31st December, 1947, showed a considerable increase over the figure for the previous year; they numbered 40,137, or 4,673 more than in 1946. In 1945, the live births numbered 30,455 or 9,682 less than in the year under report.

The sex of the children born alive during 1947 is shown below. For comparative purposes, the figures for the previous year and for 1938—the last year before the war—are also given:—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1938	11,641	11,255	22,896	1,847	1,850	3,697	13,488	13,105	26,593
1946	15,899	14,966	30,865	2,374	2,225	4,599	18,273	17,191	35,464
1947	18,083	17,068	35,151	2,564	2,422	4,986	20,647	19,490	40,137

The 40,137 live births credited to the Administrative County represent a birth-rate of 20·48 per 1,000 of the estimated mean civilian population—an increase of 2·06 per 1,000 over the rate for the previous year and the highest rate recorded since 1921.

The rate for the total urban districts in 1947 was 20·87 per 1,000 of the population, and that for the rural districts 18·12, representing increases of 2·24 and 1·03 respectively over those for the previous year.

It is of interest to note that, after the decrease in 1945, the upward trend of the birth-rate during the war years, 1941-44, has been resumed in 1946 and 1947. In 1920, two years after the end of the first World war, the birth-rate, though higher than that for 1947, had already begun the rapid decline which was to continue more steadily until 1933.

These movements are clearly illustrated by the graph reproduced on page 108. For easy reference the live birth-rates for each of the last 59 years and for the quinquennial periods are given in Table 1 on page 109.

It is also interesting to note that, notwithstanding the considerable improvement in the live birth-rate in recent years, had the 1891 rate obtained in 1947 there would have been 62,555 live births as against the actual figure of 40,137.

It is now usual for the live birth-rate for the Administrative County to be below the rate for the whole of England and Wales, and that for 1947 is no exception, being 0·8 per 1,000 of the estimated mean civilian population below the rate for the country as a whole.

The following table shows the County, urban and rural live birth-rates for the 10 years 1938 to 1947. For comparative purposes the birth-rates for the whole country are also given. The rates for the Administrative County area and for England and Wales from 1939 onwards are calculated per 1,000 of the estimated civilian population:—

	Live birth-rate per 1,000 of the estimated population									
	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Urban Districts	14·03	14·11	14·37	14·76	16·07	17·38	18·65	16·63	18·63	20·87
Rural Districts	14·86	15·12	14·87	14·55	15·42	16·98	18·61	16·50	17·09	18·12
Administrative County	14·14	14·25	14·44	14·73	15·97	17·32	18·64	16·62	18·42	20·48
England and Wales	15·1	14·9	14·8	14·9	17·0	18·1	19·8	17·8	*19·1	*21·2

* Provisional figure.

The excess of births over deaths in the Administrative County for the 10 years, 1938-47, is shown below:—

Excess of births over deaths:

Year 1938	3,463	Year 1943	7,508
„ 1939	2,202	„ 1944	10,655
„ 1940	196	„ 1945	6,411
„ 1941	3,207	„ 1946	11,179
„ 1942	6,898	„ 1947	14,623

The number of births in each municipal borough, urban and rural district, together with the corresponding birth-rates, are given in Table 2, pages 110 to 117.

ILLEGITIMATE LIVE BIRTHS.—The births of illegitimate children registered during the year 1947, compared with those registered in the previous year and in 1938, are shown below:—

Year	No. of illegitimate live births	Increase or decrease on previous year	Percentage increase or decrease on previous year	Percentage of total live births
1938	860	+ 48	+ 5·9	3·23
1946	1,872	—310	— 14·2	5·27
1947	1,616	—256	— 13·6	4·02

It will be seen that despite the fact that the number of live births in 1947 was 4,673 greater than in 1946, the number of those which were illegitimate fell by 256 from 1,872 to 1,616. This represents a percentage decrease of 13·6. The percentage of illegitimate live births to total live births at 4·02 was 1·24 less than the average of 5·26 for the preceding five years, 1942-46, and 1·25 below the figure for 1946.

STILLBIRTHS.—The number of stillbirths registered in the Administrative County during 1947 was 1,066, or 71 less than in the previous year. This figure was equivalent to a rate of 25 per 1,000 total (live and still) births, which is the lowest ever recorded in the County, the previous lowest being that of 29 per 1,000 total births in 1944. The provisional stillbirth rate for the whole of England and Wales in 1947 was 24 per 1,000 total births. Expressed in terms of 1,000 of civilian population, the Administrative County rate was 0·54 against a provisional rate of 0·52 for the country as a whole.

The following table shows the number of stillbirths registered and the equivalent rates per 1,000 total births for the years 1946 and 1947 and the last pre-war year, 1938:—

Year	Total No. of live and stillbirths registered	No. of stillbirths registered	Rate per 1,000 total births
1938	27,945	1,352	48
1946	36,601	1,137	31
1947	41,203	1,066	25

The local variation in the stillbirth rates in the area of the Administrative County is shown in Table 2, pages 110 to 117.

Deaths and Death-rates.—The total number of deaths registered in the Administrative County during 1947, after correction for inward and outward transfers, was 25,514—an increase of 1,229 as compared with the figure of 24,285 for the previous year.

The sex distribution of the persons dying during 1947 is shown below. The figures for the previous year and for 1938—the last year before the war—are given for comparative purposes:—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1938	10,278	10,095	20,373	1,394	1,363	2,757	11,672	11,458	23,130
1946	10,636	10,603	21,239	1,551	1,495	3,046	12,187	12,098	24,285
1947	11,491	10,835	22,326	1,653	1,535	3,188	13,144	12,370	25,514

The following table gives the deaths in age periods in 1947, compared with each of the previous ten years:—

Year	Deaths in age periods											Total
	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	
1937	1,613	238	295	391	706	955	1,376	2,476	4,574	6,587	5,514	24,725
1938	1,463	238	319	460	628	818	1,223	2,170	4,299	6,262	5,250	23,130
1939	1,549	168	220	380	561	862	1,204	2,281	4,550	6,831	6,238	24,844
1940	1,636	533		431	2,976			7,722		13,969		27,267
1941	1,754	584		477	2,868			6,720		12,653		25,056
1942	1,593	386		350	2,427			6,365		12,108		23,229
1943	1,735	409		304	2,308			6,429		13,341		24,526
1944	1,594	337		338	2,118			6,223		13,003		23,613
1945	1,525	324		293	2,007			6,241		13,654		24,044
1946	1,664	250		210	2,047			6,206		13,908		24,285
1947	1,891	285		213	1,990			6,216		14,919		25,514

A classified statement of the causes of death in 1947, by age groups and sex, for the aggregates of the urban and rural districts is given in Table 4, page 123.

The crude death-rate for the Administrative County for 1947 at 13·02 per 1,000 of the estimated mean civilian population was 0·41 greater than that for the previous year. The rate for the total urban districts increased from 12·82 per 1,000 population to 13·25 and that for the total rural districts from 11·32 to 11·59.

The following table shows the crude death-rates of the County from 1937 to 1947, together with those for the urban and rural areas and for England and Wales. All rates from 1939 onwards are calculated per 1,000 estimated civilian population:—

	Crude death-rate per 1,000 of the estimated population										
	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Urban Districts	13·47	12·48	13·33	14·78	13·40	12·59	13·51	13·02	13·39	12·82	13·25
Rural Districts	12·14	11·08	11·20	11·63	11·03	10·68	11·79	11·64	11·45	11·32	11·59
Administrative County	13·29	12·29	13·04	14·34	13·06	12·31	13·26	12·84	13·12	12·61	13·02
England and Wales	12·4	11·6	12·1	14·3	13·5	12·3	13·0	12·7	12·6	*12·0	*12·3

* Provisional figure.

Compared with the average rate for the five years 1942-46, the County rate for 1947 shows an increase of 0.20 per 1,000 population.

It is usual for the County death-rate to be higher than that for the whole country, and the 1947 figure is no exception, being 0.7 greater than the rate for England and Wales. The County death-rate, however, is a “crude” death-rate and, in order to obtain a true comparison with the rate for the country as a whole, it should be adjusted by the use of an areal comparability factor. This factor has not been available since 1941.

The annual death-rates and quinquennial averages since the year 1889 for the County and the aggregated urban and rural districts are given in Table 1 on page 109.

Details of the deaths in the various sanitary areas, classified under the headings given in the new Abridged List of Causes as used in England and Wales and Northern Ireland (Manual of the International List of Causes of Death, 1938), are given in Table 3, pages 118 to 122, and are shown for each district by sex in Table 2, pages 110 to 117.

PRINCIPAL CAUSES OF DEATH.—The relative importance of the principal causes of death is shown in the following table:—

Cause of death	1947	
	No. of deaths	Percentage to total deaths
Heart disease	7,420	29.0
Cancer	3,651	14.3
Intra-cranial vascular lesions	3,041	11.9
Bronchitis	1,770	6.9
Congenital malformations, birth injury, infantile disease and premature birth	1,128	4.4
Pneumonia (all forms)	926	3.6
Violence (including suicide and road traffic accidents)	908	3.5
Tuberculosis (all forms)	897	3.5
Other diseases of circulatory system	856	3.3
Nephritis	666	2.6
Other digestive diseases	549	2.1
*Certain infectious diseases	308	1.2
Influenza	138	0.5

* Includes smallpox, measles, scarlet fever, whooping cough, diphtheria, typhoid and paratyphoid fevers, and diarrhoea (under 2 years).

An examination of the age-grouping of some of the principal causes of death reveals that of the 7,420 deaths ascribed to heart disease, 5,528 or 74.5 per cent. were of persons over 65 years of age; of the 3,651 cancer deaths, 1,915 or 52.4 per cent.; of the 3,041 due to intra-cranial vascular lesions, 2,328 or 76.5 per cent.; whilst of the 1,770 deaths attributed to bronchitis, there were 1,172 or 57.6 per cent.

In the paragraphs following reference is made to the direct contribution to mortality of the chief causes of death. As mentioned in the note on page 9, the death-rates, unless otherwise stated, are “crude” rates, and in considering the statistics the ageing of the population should be borne in mind. The “crude” death-rates of diseases mainly affecting elderly people, such as heart disease, cancer, intra-cranial vascular lesions, etc., overstate the real mortality average.

HEART DISEASE.—The number of deaths in 1947 classified under the heading “heart disease”, viz., 7,420 (males 3,820, females 3,600), was 547 in excess of the figure for the previous year and was equivalent to a death-rate of 3.78 per 1,000 of the estimated civilian population. It was, as usual, considerably larger than that for any other item in the list of causes of death and represented 29.0 per cent. of the total deaths from all causes.

The following table shows how, during the past 20 years, the fatalities from heart disease have increased:—

Year	No. of deaths	Crude death-rate per 1,000 population	Year	No. of deaths	Crude death-rate per 1,000 population
1928	3,506	1.93	1938	6,224	3.30
1929	4,523	2.49	1939	7,085	3.72
1930	4,230	2.34	1940	6,571	3.45
1931	4,824	2.67	1941	5,960	3.10
1932	4,823	2.67	1942	5,884	3.12
1933	5,232	2.89	1943	6,150	3.32
1934	5,052	2.79	1944	6,311	3.43
1935	5,444	2.98	1945	6,641	3.62
1936	6,012	3.26	1946	6,873	3.57
1937	6,217	3.34	1947	7,420	3.78

In the table below are given the numbers of deaths from heart disease at various age periods in the urban and rural districts and the Administrative County during 1947. For comparative purposes the figures for the previous year and for 1938 are also given:—

Year	Urban Districts						Rural Districts						Administrative County					
	All ages	0–	5–	15–	45–	65–	All ages	0–	5–	15–	45–	65–	All ages	0–	5–	15–	45–	65–
1938	5,428	2	23	303	1,486	3,614	796	—	1	39	198	558	6,224	2	24	342	1,684	4,172
1946	5,973	—	8	265	1,390	4,310	900	—	—	35	193	672	6,873	—	8	300	1,583	4,982
1947	6,423	—	6	209	1,423	4,785	997	—	3	32	219	743	7,420	—	9	241	1,642	5,528

CANCER.—Deaths from cancer in the Administrative County during 1947 accounted for 3,651 or 14·3 per cent. of the total deaths from all causes. This figure represented an increase of 84 on that for the previous year. The mortality rate of 1·86 per 1,000 of the estimated civilian population was 0·01 greater than that for 1946, and the rates for the total urban districts and total rural districts were 1·90 and 1·60 per 1,000 respectively.

The table below gives the numbers of deaths assigned to cancer, together with the death-rates since 1900, the first year for which cancer records for the Administrative County are available. For comparative purposes, the rates for England and Wales are also given. The rates shown, both for the Administrative County and for England and Wales, from 1939 onwards are calculated per 1,000 estimated civilian population:—

Year	No. of deaths	Death-rate per 1,000 pop'n.		Year	No. of deaths	Death-rate per 1,000 pop'n.	
		Administra- tive County	England and Wales			Administra- tive County	England and Wales
1900	1,072	0·54	0·90	1924	2,182	1·22	1·29
1901	1,149	0·62		1925	2,273	1·27	1·33
1902	1,113	0·60		1926	2,312	1·29	1·36
1903	1,223	0·65		1927	2,411	1·33	1·37
1904	1,229	0·65		1928	2,514	1·38	1·42
1905	1,164	0·65		1929	2,560	1·41	1·43
1906	1,214	0·69		1930	2,564	1·41	1·45
1907	1,254	0·70		1931	2,705	1·49	1·48
1908	1,283	0·71		1932	2,688	1·49	1·51
1909	1,374	0·75		1933	2,689	1·48	1·52
1910	1,333	0·74	0·99	1934	2,746	1·51	1·56
1911	1,493	0·86		1935	2,835	1·55	1·58
1912	1,466	0·83		1936	2,954	1·60	1·62
1913	1,618	0·93		1937	2,960	1·59	1·63
1914	1,668	0·95		1938	3,084	1·63	1·66
1915	1,577	0·94		1939	3,087	1·62	1·63
1916	1,728	1·06		1940	3,058	1·60	1·72
1917	1,713	1·09		1941	3,167	1·65	1·78
1918	1,727	1·12		1942	3,333	1·76	1·83
1919	1,793	1·07		1943	3,285	1·77	1·90
1920	1,880	1·08	1·16	1944	3,486	1·89	1·90
1921	1,981	1·12	1·21	1945	3,483	1·90	1·93
1922	2,063	1·16	1·22	1946	3,567	1·85	*1·84
1923	2,076	1·17	1·26	1947	3,651	1·86	*1·85

* Provisional figure.

The cancer death-rate for each County district for the year 1947 is given in Table 2, pages 110 to 117.

In interpreting the crude mortality figures for cancer, two important factors should be borne in mind, i.e., the increasing longevity of the population and greater accuracy in the diagnosis of the disease. It should be remembered, also, that the death-rates are crude rates and are not standardised or corrected for the age and sex constitution of the population of the County.

It will be noted from the above table that the County death-rate from cancer is, for the second successive year, 0·01 greater than the provisional figure for the country as a whole. Only once before, in 1931, has the County rate been greater than that for England and Wales.

The following table shows the number of cancer deaths in the County area in certain age periods and by sex during 1947 compared with the previous year and with the last pre-war year, 1938:—

Age groups — Years	1938			1946			1947		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
0—	—	3	3	3	3	6	3	4	7
5—	5	3	8	4	3	7	7	1	8
15—	83	143	226	106	145	251	121	143	264
45—	593	730	1,323	693	782	1,475	689	768	1,457
65—	735	789	1,524	902	926	1,828	981	934	1,915
All ages	1,416	1,668	3,084	1,708	1,859	3,567	1,801	1,850	3,651

Since 1940 the Registrar-General, in supplying statistics of cancer deaths, has classified them according to the sites affected. The following table shows the site incidence of the cancer deaths in the Administrative County during 1947 as compared with the two previous years:—

Site affected	Sex	1945					1946					1947				
		All ages	0—	15—	45—	65—	All ages	0—	15—	45—	65—	All ages	0—	15—	45—	65—
Buccal cavity and œsophagus	M.	181	1	3	46	131	143	—	1	33	109	166	—	6	38	122
Uterus	F.	210	1	16	117	76	198	—	16	124	58	223	—	19	118	86
Stomach and duodenum	M.	387	—	21	160	206	372	—	21	163	188	392	—	24	158	210
	F.	314	—	20	106	188	325	—	10	112	203	327	—	11	107	209
Breast	M.	4	—	—	2	2	3	—	—	2	1	4	—	—	2	2
	F.	367	1	42	148	176	378	—	44	175	159	374	—	43	184	147
All other sites	M.	1,073	5	74	420	574	1,190	7	84	495	604	1,239	10	91	491	647
	F.	947	4	82	355	506	958	6	75	371	506	926	5	70	359	492
All sites—Total	M.	1,645	6	98	628	913	1,708	7	106	693	902	1,801	10	121	689	981
	F.	1,838	6	160	726	946	1,859	6	145	782	926	1,850	5	143	768	934

Mention is made on page 25 of the work done in 1947 under the scheme of the Lancashire Public Assistance Committee which has been in operation in the Administrative County for some years.

INTRA-CRANIAL VASCULAR LESIONS.—The number of deaths assigned to this condition showed an increase of 112 over the figure for the previous year. The 3,041 fatalities were equivalent to a death-rate of 1·55 per 1,000 of the estimated civilian population, as compared with that of 1·52 per 1,000 for 1946, and represented 11·9 per cent. of the total deaths from all causes.

Here again, this condition is one which principally affects older people and an examination of Table 4, page 123, reveals that of the 3,041 deaths, 2,328 or 76·5 per cent. were persons of 65 years of age and over.

BRONCHITIS.—Bronchitis is becoming relatively more important as a cause of death in the Administrative County. In 1938 the number of deaths registered as due to this disease was 732, whilst the figure for 1947 was 1,770. During this period of ten years, the position of bronchitis in the list of principal causes of death has moved from eleventh to fourth. The 1,770 deaths registered in 1947 exceeded those registered in the previous year by 229 and were equivalent to a mortality rate of 0·90 per 1,000 of the estimated civilian population, the rates for the total urban and total rural districts being 0·95 and 0·61 per 1,000 respectively. Of the 1,770 deaths, 1,172 or 66·2 per cent. were of persons aged 65 years and over.

CONGENITAL MALFORMATIONS, BIRTH INJURY, INFANTILE DISEASE AND PREMATURE BIRTH.—There was an increase of 97 in the number of deaths assigned to this group in 1947. The deaths registered numbered 1,128, as compared with 1,031 in the previous year, and represented 4·4 per cent. of the total deaths from all causes. Expressed in terms of 1,000 of estimated civilian population the number of deaths was equivalent to a rate of 0·57, an increase of 0·04 over that for the previous year. Included under this group of causes were 1,080 deaths of infants under one year of age, representing 57·1 per cent. of all infant deaths during 1947.

PNEUMONIA (ALL FORMS).—The fatalities from all forms of pneumonia occurring in the Administrative County during 1947 numbered 926, as compared with 815 in the previous year, and were equivalent to 3·6 per cent. of the total deaths from all causes. The mortality rate for the Administrative County was 0·47 per 1,000 of the estimated civilian population.

VIOLENCE.—Violence, which here includes road traffic accidents and suicides, was responsible for 908 deaths as compared with 877 in the previous year. The equivalent death-rate was 0·46 per 1,000 estimated civilian population. Of the total deaths from all causes, this cause accounted for 3·5 per cent.

TUBERCULOSIS.—*Pulmonary*.—The deaths registered during 1947 as due to tuberculosis of the respiratory system numbered 761, or 10 more than in the previous year, and were equivalent to a death-rate of 0·38 per 1,000 of the estimated civilian population. The rate in the urban districts was 0·40 and that in the rural districts 0·28.

The death-rate of 0·38 per 1,000 equalled that of 1945, which was the lowest ever recorded in the County statistics.

Below are given the County death-rates from pulmonary tuberculosis for the years 1938-47. For comparative purposes the rates for England and Wales are also given. The death-rates for the County areas and for England and Wales from 1939 onwards are calculated per 1,000 estimated civilian population:—

Year	Administrative County			England & Wales
	Death-rate per 1,000 of population			Death-rate per 1,000 of population
	Urban	Rural	County	
1938	0·46	0·20	0·42	0·53
1939	0·44	0·29	0·42	0·52
1940	0·48	0·31	0·46	0·59
1941	0·46	0·27	0·43	0·60
1942	0·43	0·26	0·41	0·54
1943	0·43	0·29	0·41	0·56
1944	0·44	0·28	0·42	0·52
1945	0·40	0·28	0·38	0·52
1946	0·40	0·32	0·39	*0·46
1947	0·40	0·28	0·38	*0·47

* Provisional figure.

It will be noted that the rate for the Administrative County is consistently much lower than that for the country as a whole.

The following table shows the male and female deaths from this disease at various age periods during 1947, compared with the previous year and the year 1938:—

Year	Age periods—years													
	All ages		0—		1—		5—		15—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1938	472	330	—	—	2	1	—	9	255	248	183	62	32	10
1946	462	289	—	3	3	—	4	5	211	220	192	46	52	15
1947	430	331	1	1	5	4	2	2	187	252	201	41	34	31

The death-rate from pulmonary tuberculosis (classified as "tuberculosis of the respiratory system") for each urban and rural district in the County area for the year 1947 is given in Table 2, pages 110 to 117, and the deaths ascribed to this disease in each district are shown in Table 3, pages 118 to 122.

Non-pulmonary.—The deaths in 1947 from non-pulmonary tuberculosis numbered 136, producing a rate of 0·06 per 1,000 of the estimated civilian population. This rate is 0·02 per 1,000 less than that for 1946.

The deaths from this cause during 1947 are analysed in age groups in the table below. The figures for the previous year and also 1938 are given for comparison:—

Year	Age periods—years													
	All ages		0—		1—		5—		15—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1938	91	86	7	6	17	24	10	7	36	32	12	13	9	4
1946	82	72	1	3	32	14	10	14	22	25	11	12	6	4
1947	69	67	2	4	21	14	11	16	19	21	12	10	4	2

TRANSFERABLE DEATHS.—During the year under report the following "transfers" were made:—7,700 persons, having a fixed or usual place of residence in the Administrative County, died in a district other than that in which they resided, and these (known as inward transfers) have been allocated to their proper districts; 7,120 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.

Maternal Mortality.—Maternal deaths in the Administrative County during 1947 numbered 56 (post-abortive sepsis 10, other maternal causes 46)—four more than in the previous year. The mortality rate of 1·35 per 1,000 total (live and still) births, was, however, the lowest ever recorded in the Administrative County, being 0·07 less than the previous low record of 1·42 in 1946. Compared with the average rate for the previous five years, 1942-46, the 1947 rate shows a reduction of 0·89 per 1,000 total births.

That there should be a further reduction in the maternal mortality rate in 1947, after the substantial decrease reported in 1946 and despite the increased number of births, is a matter of considerable gratification, and especially so upon consideration of the fact that during the year there was little appreciable alleviation of the shortage of beds and staffs in maternity hospitals and homes.

The following table gives particulars of the mortality of women in or associated with childbirth per thousand total births (live and still) during 1947 and the previous 10 years. The County rates are contrasted with those for England and Wales:—

Year	Administrative County							England and Wales		
	No. of total births (live & still)	No. of deaths			Mortality per 1,000 total births			Mortality per 1,000 total births		
		Puerperal and post-abortive sepsis	Other maternal causes	Total	Puerperal and post-abortive sepsis	Other maternal causes	Total	Puerperal and post-abortive sepsis	Other maternal causes	Total
1936	26,480	40	90	130	1·51	3·39	4·90	1·34	2·31	3·65
1937	26,961	35	100	135	1·29	3·71	5·00	0·94	2·19	3·13
1938	27,945	26	75	101	0·93	2·68	3·61	0·86	2·11	2·97
1939	*28,406	26	81	107	0·91	2·85	3·76	1·02	2·11	3·13
1940	*28,784	32	66	98	1·11	2·29	3·40	0·81	1·86	2·68
1941	*29,861	24	73	97	0·80	2·44	3·24	0·83	1·96	2·80
1942	31,314	30	53	83	0·95	1·69	2·65	0·77	1·71	2·48
1943	33,272	27	61	88	0·81	1·83	2·64	0·73	1·55	2·29
1944	35,319	17	60	77	0·48	1·69	2·18	0·59	1·33	1·92
1945	31,426	14	59	73	0·44	1·87	2·32	0·49	1·30	1·79
1946	36,601	13	39	52	0·35	1·06	1·42	†0·31	†1·12	†1·43
1947	41,203	10	46	56	0·24	1·11	1·35	†0·26	†0·91	†1·17

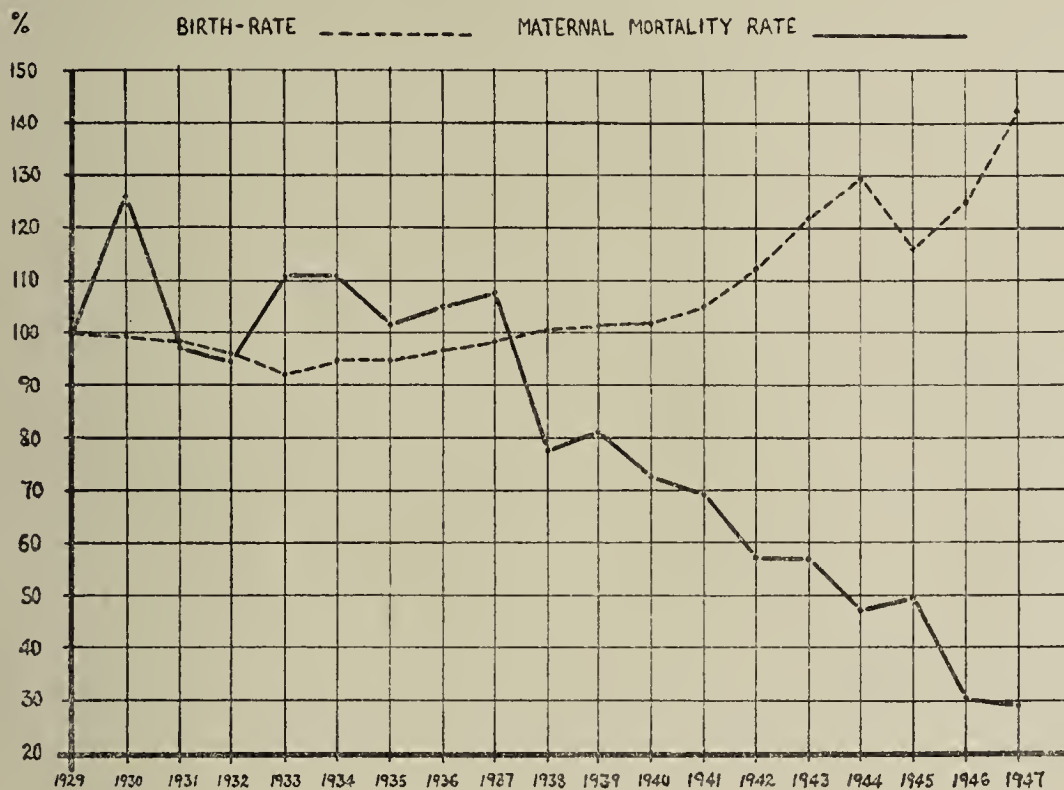
* Specially compiled figures for the calculation of maternal mortality rates.

† Provisional figures.

Below, as a matter of interest, is inserted a small graph showing, for each year since 1929, the maternal mortality rate of the Administrative County expressed as a percentage of that for 1929. That the rate in 1947 was little more than 29 per cent. of the one which applied 18 years ago is clearly illustrated.

Also incorporated in the graph is the total (live and still) birth-rate for each year in the same period expressed as a percentage of the rate for 1929. When the maternal mortality rate and the birth-rate are regarded together, the improvement in the former rate is more than ever apparent, for such improvement can be seen to have been effected despite an increased number of confinements.

Graph showing the birth-rate (live and still) and the maternal mortality rate for each year since 1929 expressed as percentages of the respective rates for the year 1929.



The maternal mortality rate for the rural districts of the County in 1947 was 1·37 per 1,000 total births—a decrease of 1·16 compared with the previous year. The rate for the urban districts at 1·35 per 1,000 total births was, however, 0·10 higher than that in 1946. The average rates for the five years 1942-46 were: urban districts 2·19, rural districts 2·54.

The maternal mortality rate for each County district for the year 1947 is given in Table 2, pages 110 to 117.

Investigation of Maternal Deaths.—The Minister of Health considers that it is still necessary to investigate each maternal death as a matter of routine. In the County area every maternal death is investigated by an experienced medical officer. In 80 County districts these investigations were in 1947 undertaken by the Assistant County Medical Officers of Health and in the remaining 29 districts by the local Medical Officers of Health. A confidential report prepared on the facts and circumstances of each fatality is forwarded to the Ministry of Health.

Infant Mortality.—Deaths of infants under one year of age registered in the Administrative County during 1947 numbered 1,891—an increase of 227 over the previous year. These yielded an infant mortality rate of 47 per 1,000 live births, as compared with that of 46 per 1,000 in 1946, which, with the rate for 1944, was a low-level record for the County. Compared with the average rate for the five years 1942-46, the rate for the year under report showed an improvement of two per 1,000 live births.

Of the total deaths at all ages, infant deaths in 1947 formed 7·41 per cent.

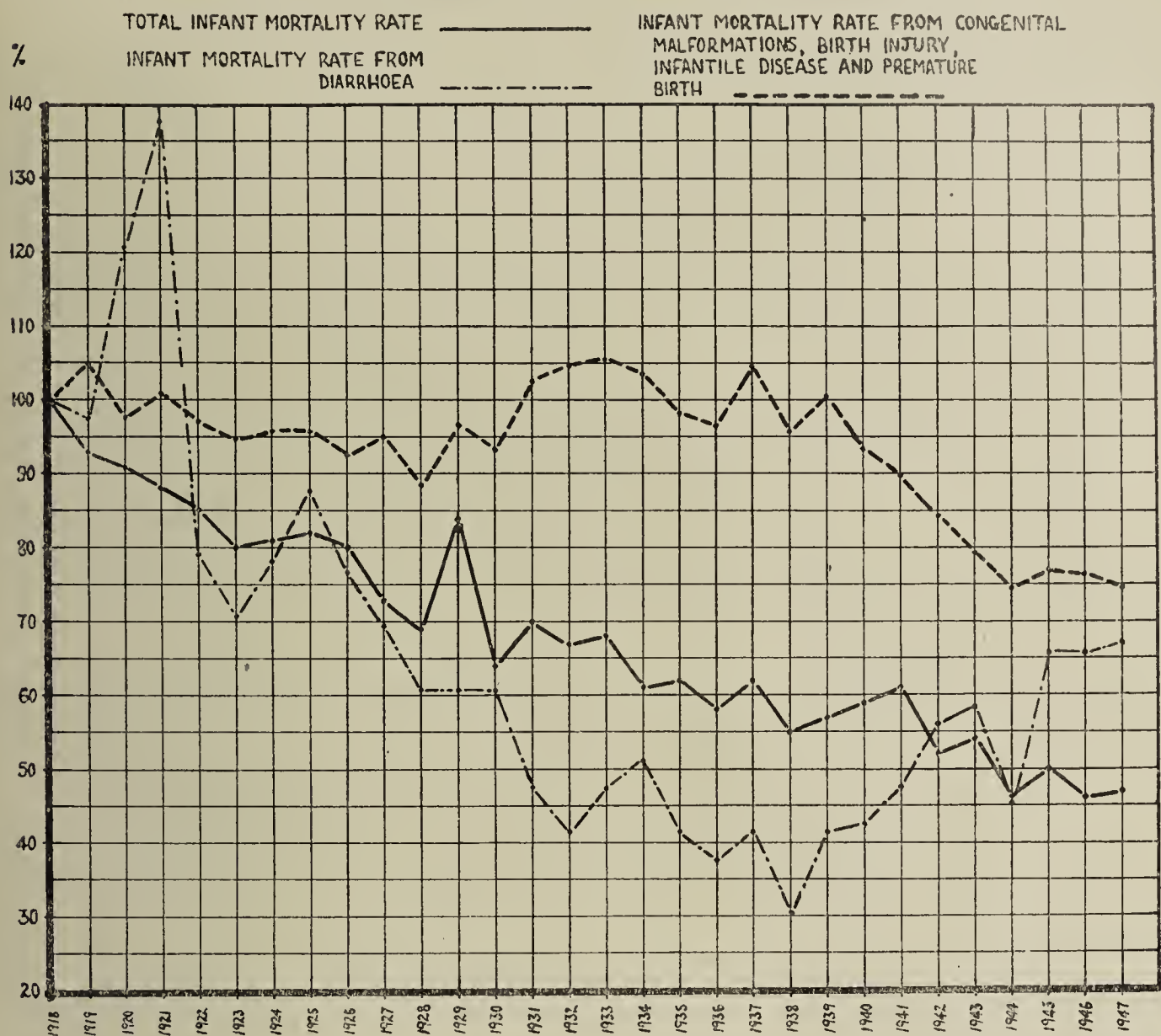
An analysis of the causes of infant mortality during the last 10 years is given in the following table:—

Causes of infant deaths	No. of deaths of infants under 1 year									
	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Total—All causes	1,463	1,549	1,636	1,754	1,593	1,735	1,594	1,525	1,664	1,891
Measles	21	1	25	15	9	5	13	7	3	9
Scarlet fever	2	1	—	—	—	—	—	—	—	—
Whooping cough	15	33	17	67	14	40	19	15	28	16
Diphtheria	—	3	4	4	2	1	3	1	4	2
Influenza	6	10	13	5	9	13	8	7	3	7
Cerebro-spinal fever	1	9	15	14	10	11	11	10	4	10
Tuberculosis of respiratory system	—	2	3	2	1	4	2	1	3	2
Other forms of tuberculosis	13	15	15	16	10	10	12	10	4	6
Bronchitis	46	54	83	71	54	73	48	40	52	42
Pneumonia (all forms)	195	176	253	304	244	320	222	246	236	287
Other respiratory diseases	4	4	4	10	3	4	5	6	7	4
Diarrhoea	69	92	97	112	140	155	127	167	195	224
Congenital malformations, birth injury, infantile disease and premature birth	921	982	928	918	917	918	922	849	980	1,080
All other causes	170	167	179	216	180	181	202	166	145	202
DEATH RATES—										
Per 1,000 live births	55	57	59	61	52	54	46	50	46	47
Per 1,000 estimated population	0·77	0·81	0·86	0·91	0·84	0·93	0·86	0·83	0·86	0·96

It will be observed from the above table that, after a decrease in 1945, the number of deaths of infants classified as due to congenital malformations, birth injury, infantile disease and premature birth rose to 980 in 1946 and 1,080 in 1947, when it was equivalent to 57·1 per cent. of the total infant deaths. This figure was the highest recorded since 1922, when the number of infant deaths from this group of causes was 1,124. A rise during recent years in the number of infant deaths due to diarrhoea is also apparent.

In studying these increases in actual figures, however, the recent increase in the number of births must be taken into account, and a proper assessment of the true position can only be obtained if the respective mortality rates are considered. This is provided for in the graph here inserted, which shows, for each year since 1918, the infant death-rates per 1,000 live births from (a) diarrhoea, and (b) the conjoined principal causes of infant mortality, viz., congenital malformations, birth injury, infantile disease and premature birth, expressed as percentages of the respective rates for 1918. For purposes of comparison the total infant mortality rate from all causes, expressed in similar terms, is also included.

Graph showing, per 1,000 live births, the total infant mortality rate and the infant mortality rates from diarrhoea and from congenital malformations, birth injury, infantile disease and premature birth for each year since 1918, expressed as percentages of the respective rates for the year 1918.



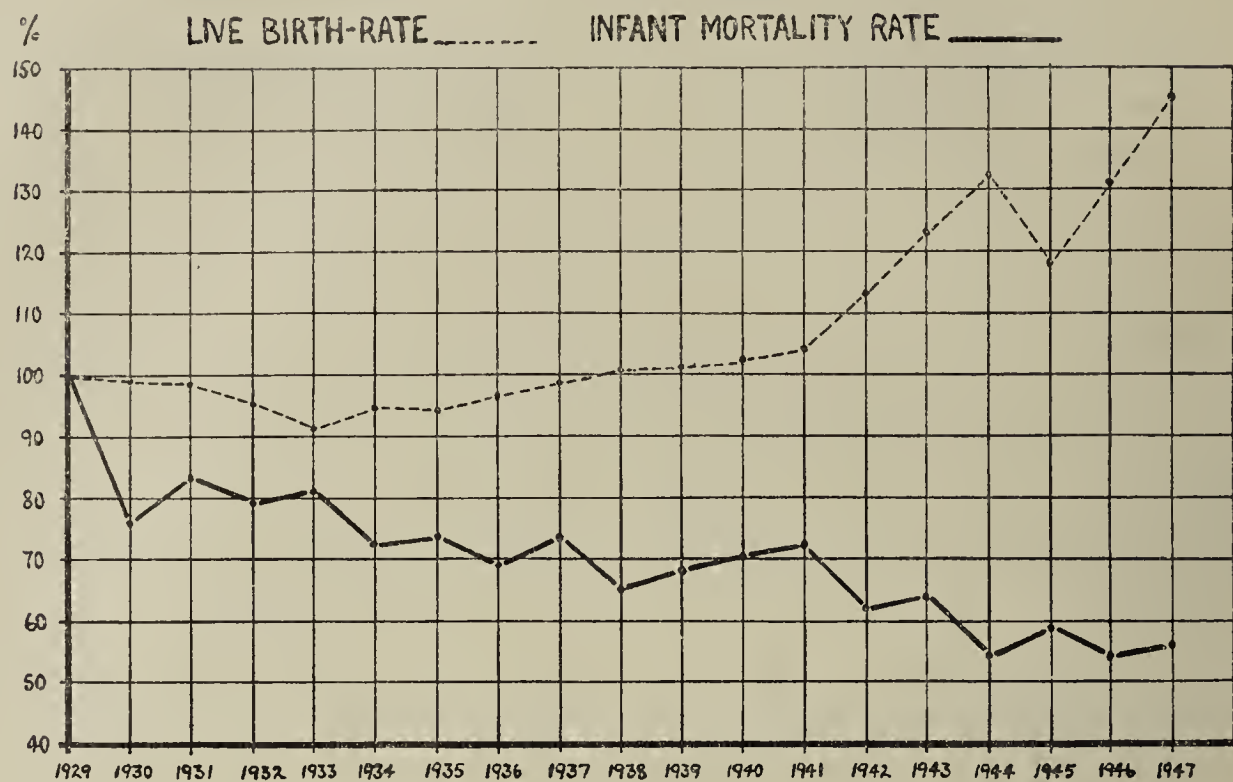
It will readily be seen from the graph that whilst the infant mortality rate from all causes has fallen steadily over the last 20 years until it is now but 47 per cent. of that obtaining in 1918, the proportionate reduction by 1947 in the rates for diarrhoea and congenital malformations, etc., has not been nearly so good.

The most striking features of the graph, however, are the behaviour since the beginning of the recent war period of the rates from diarrhoea and from the conjoined causes referred to above. The former, after falling in 1938 to little more than 30 per cent. of the corresponding 1918 rate, has, with the exception of a considerable drop in 1944, again risen fairly rapidly to 67 per cent. of the 1918 rate. The rate from congenital malformations, etc., however, although still proportionately higher than the diarrhoea rate, showed a steady decline from 1939 until 1944 and has since remained fairly static. Even so, the fact that this rate is now but 74.5 per cent. of what it was in 1918 is encouraging particularly when it is remembered that the reduction of infant deaths due to congenital malformations, infantile disease, etc., is a very difficult matter and one towards which much of the attention of the ante-natal services is now being directed.

Table 1 on page 109 shows the trend of the infant mortality rate since 1889, the first year for which County statistics are available. It will be noted that in 1947 the deaths of infants were equivalent to 47 per 1,000 live births as compared with 177 per 1,000 live births in 1893—a reduction of 73 per cent. The significance of this is perhaps best illustrated by applying the 1893 rate to the live births in 1947, by which means it will be seen that the number of children dying before their first birthday would have been 7,104 instead of the actual figure of 1,891.

During the last two decades the progress of the infant mortality rate has been particularly interesting. In spite of the upward trend of the live birth-rate from 1933 onwards, continuing more rapidly during the recent war years, the gradual decline of the infant mortality rate has continued. The graph inserted overleaf illustrates this quite clearly, and shows that in 1947 the infant mortality rate was little more than 55 per cent. of that which was recorded 19 years ago, although the live birth-rate increased by more than 45 per cent. during the same period.

Graph showing the live birth-rate and the infant mortality rate for each year since 1929 expressed as percentages of the respective rates for the year 1929.



The following table gives the County, urban and rural infant death-rates per 1,000 live births for 1947 and the preceding 10 years. The rates for England and Wales per 1,000 *related* live births are also given:—

	Rate of deaths of children under 1 year per 1,000 live births										
	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Urban Districts	64	55	57	60	62	54	55	47	51	46	47
Rural Districts	51	53	52	50	51	44	47	41	43	48	45
Administrative County	62	55	57	59	61	52	54	46	50	46	47
England and Wales	58	53	50	56	60	50	49	45	46	*43	*41

* Provisional figure.

MORTALITY OF ILLEGITIMATE INFANTS.—The table below shows the differential incidence of mortality during 1947 and the preceding five years amongst legitimate and illegitimate infants under one year of age in the urban and rural districts and the Administrative County:—

Year	Mortality per 1,000 live births								
	Urban Districts			Rural Districts			Administrative County		
	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total
1942	52	83	54	42	91	44	51	84	52
1943	53	89	55	46	93	47	52	90	54
1944	45	78	47	40	42	41	45	74	46
1945	49	70	51	41	71	43	48	71	50
1946	45	74	46	48	50	48	45	72	46
1947	46	68	47	43	101	45	46	71	47

GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

Hospital Accommodation for Smallpox and Other Infectious Diseases.—The table below shows the nature of the hospital accommodation, both for smallpox and other infectious diseases, provided in, or available for, each County sanitary district during 1947:—

HOSPITAL ACCOMMODATION for Smallpox and other Infectious Diseases.
(*Extracted from the local health reports*).

URBAN DISTRICTS	Nature of Hospital Accommodation	
	For infectious diseases other than smallpox	For smallpox
Abram.....	Joint with Leigh Joint Hospital Board (Astley) for all purposes.	
Accrington (B)	Agreement with Bury and District Joint Hospital Board (Florence Nightingale)	Own hospital.
Adlington	Joint with Chorley and District Joint Hospital Board (Heath Charnock)	Joint with Bury and District Joint Hospital Board for all purposes. (Finnington)
Ashton-in-Makerfield	Agreement with Leigh Joint Hospital Board (Astley) for all purposes.	
Ashton-under-Lyne (B)	Agreement with Hyde (B)	Joint with Ashton and District Joint Hospital (Hartshead).
Aspull	Joint with Horwich Joint Hospital Board (Fall Birch) and arrangement with Wigan C.B.	Agreement with Bury and District Joint Hospital Board.
Atherton	Joint with Leigh Joint Hospital Board (Astley) for all purposes.	
Audenshaw	Agreement with Hyde (B)	Joint with Ashton and District Joint Hospital (Hartshead).
Bacup (B)	Agreement with Bury and District Joint Hospital Board (Florence Nightingale)	Joint with Todmorden (Sourhall).
Barrowford.....	Joint with Burnley C.B. (Kibble Bank)	Joint with Burnley C.B. (Crown Point).
Billinge and Winstanley	Agreement with Ormskirk	Nil.
Blackrod	Arrangement with Wigan C.B.	Nil.
Brierfield	Joint with Burnley C.B. (Kibble Bank)	Joint with Burnley C.B. (Crown Point).
Carnforth	Joint with Lancaster Joint Hospital Board (Slyne Road)	Agreement with Fylde Joint Hospital Board (Elswick).
Chadderton	Arrangements with Oldham C.B. and Manchester C.B.	Joint with Middleton, etc., Joint Board (Racefield) (leased to County Council for tuberculosis).
Chorley (B)	Joint with Chorley and District Joint Hospital Board (Heath Charnock)	Arrangement with Blackburn C.B. (Finnington).
Church	Arrangement with Darwen (B) (Bull Hill)	Arrangement with Accrington (B).
Clayton-le-Moors	Agreement with Darwen (B) (Bull Hill) and Blackburn C.B.	Agreement with Accrington (B).
Clitheroe (B)	Agreement with Darwen (B) (Bull Hill)	Agreement with Blackburn C.B. (Finnington).
Colne (B)	Joint with Burnley C.B. (Kibble Bank)	Joint with Burnley C.B. (Crown Point).
Crompton	Arrangements with Oldham C.B. and Manchester C.B.	Joint at Racefield (see Chadderton).
Crosby (B)	Agreement with Liverpool C.B.	Agreement with Birkenhead C.B.
Dalton-in-Furness	Joint with Ulverston Joint Hospital Board (High Carley)	Arrangement with Barrow-in-Furness C.B.
Darwen (B)	Own hospital (Bull Hill)	Agreement with Blackburn C.B.
Denton	Agreement with Hyde (B)	Agreement with Hyde (B).
Droylsden	Agreement with Manchester C.B.	Agreement with Ashton and District Joint Hospital (Hartshead).
Eccles (B)	Agreement with Salford C.B. (Ladywell)	Agreement with Manchester C.B.
Failsworth	Arrangements with Manchester C.B. and Oldham C.B.	Joint with Ashton and District Joint Hospital (Hartshead).
Farnworth (B)	Arrangements with Bolton C.B. and Salford C.B.	Agreement with Bury and District Joint Hospital Board.
Fleetwood (B)	Joint with Fylde and District Joint Hospital Board (Moss Side)	Board for all purposes. (Elswick).
Formby	Arrangement with Liverpool C.B.	Arrangement with Liverpool C.B.
Fulwood	Joint at Fulwood	Joint with Fylde Joint Board (Elswick).
Golborne	Joint with Leigh Joint Hospital Board (Astley) for all purposes.	
Grange	Arrangement with Ulverston Joint Hospital Board (High Carley)	Arrangement with Barrow-in-Furness C.B.
Great Harwood	Agreement with Darwen (B) (Bull Hill)	Agreement with Blackburn C.B. (Finnington).
Haslingden (B)	Agreement with Bury and District Joint Hospital Board (Florence Nightingale)	Joint with Bury and District Joint Hospital Board for all purposes.
Haydock	Agreement with Newton-le-Willows	Nil.
Heywood (B)	Agreement with Rochdale C.B.	Agreement with Bury and District Joint Hospital Board.
Hindley	Agreement with Leigh and District Joint Hospital Board (Astley) for all purposes.	
Horwich	Joint at Fall Birch	Agreement with Bury and District Joint Hospital Board.
Huyton-with-Roby	Joint at Whiston (Delph Lane)	Arrangement with Birkenhead C.B.
Ince-in-Makerfield	Agreement with Leigh and District Joint Hospital Board (Astley) for all purposes.	
Irlam	Agreement with Salford C.B. (Ladywell)	Agreement with Manchester C.B.
Kearsley	Joint at Leigh and District Joint Hospital Board (Astley) for all purposes.	
Kirkham	Joint with Fylde and District Joint Hospital Board (Moss Side)	Board for all purposes. (Elswick).
Lancaster (B).....	Joint at Slyne Road	Arrangement with Fylde Joint Board (Elswick).
Lees	Arrangement with Oldham C.B.	Agreement with Middleton, etc., Joint Board (Racefield) (see Chadderton).
Leigh (B)	Joint at Leigh and District Joint Hospital Board (Astley) for all purposes.	
Leyland	Joint with Chorley and District Joint Board (Heath Charnock)	Agreement with Blackburn C.B. (Finnington).
Litherland	Agreement with Bootle C.B.	Arrangement with Liverpool C.B.
Littleborough.....	Joint at Smithy Bridge	Agreement with Bury Joint Hospital Board.
Little Lover	Agreement with Bury and District Joint Hospital Board (Florence Nightingale)	Board for all purposes.
Longridge	Joint at Fulwood	Joint with Fylde Hospital Board (Elswick).

HOSPITAL ACCOMMODATION (*continued*)

URBAN DISTRICTS	Nature of Hospital Accommodation	
	For infectious diseases other than smallpox	For smallpox
Lytham St. Annes (B)	Joint with Fylde and District Joint Hospital Board. (Moss Side)	(Elswick).
Middleton (B)	Agreement with Rochdale C.B. (Marland)	Joint at Racefield (see Chadderton).
Milnrow	Joint at Littleborough (Smithy Bridge)	Agreement with Bury Joint Hospital Board.
Morecambe and Heysham (B)	Joint at Slyne Road, Lancaster	Arrangement with Fylde Joint Hospital Board (Elswick).
Mossley (B)	Agreement with Hyde (B)	Agreement with Ashton and District Joint Board (Hartshead).
Nelson (B)	Joint with Burnley C.B. (Kibble Bank)	Joint with Burnley C.B. (Crown Point).
Newton-le-Willows	Own hospital	Agreement with Liverpool C.B.
Ormskirk	Own hospital	Agreement with Liverpool C.B.
Orrell	Arrangement with Wigan C.B.	Arrangement with Bury Joint Hospital Board.
Oswaldtwistle	Agreement with Bury and District Joint Hospital Board (Florence Nightingale)	Agreement with Accrington Joint Board.
Padiham	Joint with Burnley C.B. (Kibble Bank).	Joint with Burnley C.B. (Crown Point).
Poulton-le-Fylde	Joint with Fylde Hospital Board for all purposes. (Moss Side)	(Elswick).
Preesall	Arrangement with Blackpool C.B.	Joint with Fylde Hospital Board (Elswick).
Prescot	Joint with Whiston (Delph Lane)	Agreement with Liverpool C.B.
Prestwich (B)	Joint with Bury and District Joint Hospital Board for all purposes. (Florence Nightingale)	
Radcliffe (B)	Joint with Bury and District Joint Hospital Board for all purposes. (Florence Nightingale)	
Rainford	Arrangement with Ormskirk	Arrangement with Liverpool C.B.
Ramsbottom	Joint with Bury and District Joint Hospital Board for all purposes. (Florence Nightingale)	
Rawtenstall (B)	Agreement with Bury and District Joint Board (Florence Nightingale)	Own hospital.
Rishton	Agreement with Burnley C.B.	Nil.
Royton	Arrangements with Manchester C.B., Oldham C.B. and Littleborough Joint Hospital (Smithy Bridge)	Joint at Racefield (see Chadderton).
Skolmersdale	Agreement with Ormskirk	Agreement with Liverpool C.B.
Standish-with-Langtree	Agreement with Wigan C.B.	Agreement with Blackburn C.B.
Stretford (B)	Agreement with Salford C.B. (Ladywell)	Agreement with Bury and District Joint Board.
Swinton & Pendlebury (B)	Joint with Leigh Joint Hospital Board (Astley) for all purposes.	
Thornton Cleveleys	Joint with Fylde Joint Hospital Board for all purposes. (Moss Side)	(Elswick).
Tottington	Joint with Bury and District Joint Hospital Board for all purposes. (Florence Nightingale)	
Trawdon	Joint with Burnley C.B. (Kibble Bank)	Joint with Burnley C.B. (Crown Point).
Turton	Agreement with Bury Joint Board and Darwen (B)	Agreement with Bury Joint Board.
Tyldesley	Joint with Leigh and District Joint Hospital Board (Astley) for all purposes.	
Ulverston	Joint with Ulverston and District Joint Board (High Carley)	Arrangement with Barrow-in-Furness C.B.
Upholland	Agreement with Wigan C.B.	Nil.
Urmston	Agreement with Salford C.B. (Ladywell)	Agreement with Bury Joint Hospital Board.
Walton-le-Dale	Joint at Fulwood	Joint with Fylde Joint Board (Elswick).
Wardle	Joint at Littleborough (Smithy Bridge)	Agreement with Bury Joint Board.
Westhoughton	Joint at Horwich (Fall Birch)	Arrangement with Bury Joint Board.
Whitefield	Joint with Bury and District Joint Hospital Board for all purposes.	
Whitworth	Agreement with Rochdale C.B.	Agreement with Bury Joint Board.
Widnes (B)	Own hospital	Agreement with Liverpool C.B.
Withnell	Agreement with Chorley Joint Hospital Board for all purposes. (Heath Charnock)	(Finnington).
Worsley	Joint with Leigh and District Joint Hospital Board (Astley) for all purposes.	
RURAL DISTRICTS		
Blackburn	Agreement with Darwen (B)	Agreement with Blackburn C.B.
Burnley	Joint with Burnley C.B. (Kibble Bank)	Joint with Burnley C.B. (Crown Point).
Chorley	Joint with Chorley and District Joint Hospital Board for all purposes. (Heath Charnock)	(Finnington).
Clitheroe	Agreement with Darwen (B) (Bull Hill)	Agreement with Blackburn C.B. (Finnington).
Fylde	Joint with Fylde and District Joint Hospital Board for all purposes. (Moss Side)	(Elswick).
Garstang	Agreement with Fylde Joint Board (Moss Side)	Joint with Fylde Joint Board (Elswick).
Lancaster	Joint with Lancaster and District Joint Hospital Board (Slyne Road)	Agreement with Fylde Joint Hospital Board (Elswick).
Linehurst	Arrangements with Oldham C.B. and Hyde (B)	Joint with Ashton and District Joint Board (Hartshead).
Lunesdale	Arrangement with Lancaster Joint Board (Slyne Road)	Arrangement with Fylde Joint Board (Elswick).
Preston	Joint at Fulwood	Joint with Fylde Joint Board (Elswick).
Ulverston	Joint with Ulverston Joint Board (High Carley)	Arrangement with Barrow-in-Furness C.B.
Warrington	Arrangement with Warrington C.B. for all purposes.	
West Lancashire	Own hospital and arrangement with Ormskirk	Agreement with Liverpool C.B.
Whiston	Joint at Delph Lane, Whiston	Agreement with Liverpool C.B.
Wigan	Agreement with Wigan C.B.	Agreement with Bury and District Joint Hospital Board.

Summarised, the position of the Administrative County in 1947 as regards hospital accommodation for smallpox and other infectious diseases is shown in the following statement:—

	For smallpox	For infectious diseases other than smallpox
Number of districts with their own hospital	2	5
Number of districts who were constituent members of Joint Hospital Boards or Committees	43	50
Number of districts using hospitals within the Ad- ministrative County belonging to Councils of County districts.....	2	9
Number of districts using hospitals of Joint Hospital Boards or Committees	30	12
Number of districts using hospitals belonging to Lan- cashire County Boroughs	26	26
Number of districts using hospitals outside the Geo- graphical County	1	4
Number of districts using more than one type of hospital	—	3
Number of districts without hospital accommodation	5	—

The five districts stated to have no arrangements for hospital accommodation for smallpox were:—
Billinge and Winstanley, Blackrod, Haydock, Rishton, Upholland.

GRANTS TO LOCAL AUTHORITIES TOWARDS COST OF TREATMENT OF CASES OF INFECTIOUS DISEASE IN HOSPITAL.—As from 1st April, 1936, the County Council decided to make grants to local authorities in the Administrative County towards the cost of hospital treatment of infectious diseases, subject in each case to compliance with any conditions laid down by the Public Health and Housing Committee, on the basis of £3 per case removed to hospital in or from the several County districts. The amount of grant paid each year since that date is shown in the following table:—

Year	Amount of Grant £	Year	Amount of Grant £
1936 (9 months)	12,729	1942	17,358
1937	17,277	1943	20,016
1938	22,533	1944	18,393
1939	17,853	1945	15,027
1940	16,701	1946	10,389
1941	18,468	1947	10,614

County Council Hospitals.—During the year 1947, the hospitals under the control of the County Council numbered 17. These hospitals provided 4,300 beds, excluding 1,380 for mental patients and 1,710 for the aged and infirm. Three of these were administered by the Public Health and Housing Committee, viz., Park Hospital, Davyhulme; the County Hospital, Whiston; and the Rossall Hospital, Fleetwood. The remaining 14 hospitals and institutions were under the control of the Public Assistance Committee. Three hospitals were recognised by the General Nursing Council as complete training schools for nurses and by the Central Midwives Board as Part I training schools for pupil midwives. Two institutions were also recognised by the Central Midwives Board as Part II training schools for pupil midwives and three institutions by the General Nursing Council as training schools for assistant nurses.

PARK HOSPITAL, DAVYHULME.

<i>Admissions.</i>	Year 1946	Year 1947
Number of cases (excluding maternity) admitted	2,262	4,002

<i>Operations.</i>		
Number of operations performed	1,709	2,996

Out-patient Department.

	New cases		Re-visits		Total	
	1946	1947	1946	1947	1946	1947
Attendances	3,943	6,651	9,530	22,089	13,473	28,740

In accordance with arrangements made with the City of Salford, 127 cases (excluding maternity) were admitted to Hope Hospital, Pendleton, during 1947, compared with 851 cases in 1946. These cases would normally have been admitted to the Park Hospital, Davyhulme.

COUNTY HOSPITAL, WHISTON.

<i>Admissions.</i>	Year 1946	Year 1947
Number of cases (excluding maternity) admitted	7,538	6,738

<i>Operations.</i>		
Number of operations performed	5,032	5,662

Out-patient Department.

	New cases		Re-visits		Total	
	1946	1947	1946	1947	1946	1947
Attendances	8,214	14,905	29,955	63,608	38,169	78,513

Maternity.

Number of Maternity Beds provided and Summary of Maternity Admissions during the years 1946 and 1947

Name of Institution	Maternity beds provided		Maternity cases admitted		Confinements		Maternal deaths	
	1946	1947	1946	1947	1946	1947	1946	1947
Park Hospital, Davyhulme	64	59	1,198	1,909	811	1,424	2	5
County Hospital, Whiston	72	73	1,510	1,500	1,364	1,436	5	2
Ulverston Institution	4	4	23	26	22	26	—	—
Parkside Institution, Lancaster	4	4	28	29	25	28	—	—
Fylde Institution, Kirkham	6	6	15	20	15	20	—	—
Chorley Institution.....	12	12	308	395	308	394	—	—
Coplow View Institution, Clitheroe	2	2	41	41	40	41	—	—
Moorlands Infirmary, Rawtenstall	25	25	536	510	447	432	3	1
County Hospital, Bury	44	44	905	947	875	864	3	—
County Hospital, Ormskirk	48	48	505	710	505	555	—	3
County Hospital, Ashton-under-Lyne	58	58	1,931	1,677	1,602	1,434	3	2
TOTAL	339	335	7,000	7,764	6,014	6,654	16	13

	1946	1947
Maternal death-rate per 1,000 women confined	2.66	1.95

In addition, 75 maternity cases were admitted to Hope Hospital, Pendleton, during the year 1946 and 10 during the year 1947. Financial responsibility for these cases was assigned as under:—

	1946	1947
Charged to Public Health Committee	36	5
Charged to the Maternity and Child Welfare Committee	5	1
Accepted by autonomous Maternity and Child Welfare authorities	34	4
	—	—
	75	10
	==	==

The number of persons attending and the number of attendances made at maternity clinics held at Public Health Hospitals and Public Assistance Institutions during the years 1946 and 1947 are given below:—

Name of Institution	Number of persons attending		Attendances made	
	1946	1947	1946	1947
<i>Ante-natal Clinics</i>				
Park Hospital, Davyhulme	1,369	801	8,091	8,787
County Hospital, Whiston	988	788	3,557	4,748
Moorlands Infirmary, Rawtenstall	509	402	4,037	1,814
County Institution, Bury	852	800	7,553	6,770
Ormskirk County Hospital	503	571	3,009	3,788
County Hospital, Ashton-under-Lyne	1,802	1,251	9,594	7,838
TOTAL	6,023	4,613	35,841	33,745
<i>Average number of attendances per person.....</i>		1946 5.9	1947 7.3	
<i>Post-natal Clinics</i>				
Park Hospital, Davyhulme	393	888	393	973
County Hospital, Whiston	—	131	—	131
Moorlands Infirmary, Rawtenstall	192	217	203	221
County Hospital, Bury	229	320	241	320
Ormskirk County Hospital	234	223	234	223
County Hospital, Ashton-under-Lyne	453	186	453	470
TOTAL	1,501	1,965	1,524	2,338
<i>Average number of attendances per person.....</i>		1946 1.0	1947 1.2	

Cancer.—Under Section 1 of the Cancer Act, 1939, the duty was placed upon County and County Borough Councils of making arrangements to secure that the facilities for the treatment of persons suffering from cancer were adequate for the needs of their areas.

The schemes of the Lancashire County Council for the provision of adequate facilities under the Act were approved by the County Public Health Committee in January, 1947, and subsequently by the Minister of Health.

Under the approved schemes facilities were provided through the agencies of two separate organisations, one operating for those County districts situated in the Manchester Hospital Region and the other for County districts in the Liverpool Hospital Region. Details of the schemes are given below:—

Manchester Region.—For those County districts situated in the Manchester Hospital Region, the County Council delegated their responsibilities under the Cancer Act to the Manchester Regional Cancer Board. This Board consisted of 20 members nominated by the participating authorities, the Lancashire County Council having three representatives. Under this scheme no payment was to be made by the County Council in respect of individual County cases treated, but the total expenditure of the Manchester Regional Cancer Board was to be ascertained annually and levied on the participating authorities proportionately to their respective populations.

The effective date of participation by the Lancashire County Council in this scheme was 1st April, 1947. During the year negotiations between the participating authorities took place, but the scheme as envisaged by the Manchester Regional Cancer Board was not put into effective operation. County cancer cases therefore continued to receive treatment under existing arrangements at the Christie Hospital and Holt Radium Institute, Manchester, and the following are details of cases referred for treatment there during the years 1946 and 1947:—

Referred by	In-patients		Out-patients	
	1946	1947	1946	1947
Medical Officers of Institutions	11	15	4	6
Medical Superintendents of Hospitals	17	15	15	34
District Medical Officers	3	2	3	4
TOTAL	31	32	22	44

Liverpool Region.—To provide adequate facilities for the diagnosis and treatment of cancer cases resident in the County districts situated in the area of the Liverpool Hospital Region, the County Council decided to become a participant in the scheme of the Liverpool Cancer Control Organisation. Under this scheme some 24 hospitals situated in Lancashire and Cheshire were available for the specialist treatment of cancer. Two of the hospitals, the Liverpool Radium Institute and the Chester Royal Infirmary, provided all forms of treatment, e.g., Radium, Deep X-ray Therapy, Surgery, etc., whilst the remainder provided facilities for surgical treatment only. All these hospitals, of course, provided facilities for consultation, diagnosis and medical observation after treatment.

Under this scheme, in which the County Council became a participant with effect from the 1st July, 1947, local authorities were required to pay the hospital charges in respect of their patients treated and, in addition, to pay a share of the annual administration expenses of the Cancer Control Organisation, based on the respective populations of the participating authorities.

Prior to their inclusion in the scheme, the County Council had an arrangement with the Liverpool Radium Institute only for the treatment of cancer cases. The following tables set out the number of cases treated at the Liverpool Radium Institute prior to the commencement of the scheme, and the numbers treated following participation:—

Cases treated at Liverpool Radium Institute prior to adoption of scheme.

In-patients		Out-patients	
1946	1st January to 30th June, 1947	1946	1st January to 30th June, 1947
22	9	25	16

*Cases treated under scheme of the Liverpool Cancer Control Organisation
(1st July to 31st December, 1947).*

Hospital	In-patients		Out-patients	
	No. of cases	No. of days maintenance	No. of cases	No. of attendances
Liverpool Radium Institute	52	773	284	905
The Women's Hospital, Liverpool	12	322	16	17
Royal Southern Hospital, Liverpool	14	465	5	5
David Lewis Northern Hospital, Liverpool	14	377	7	34
Liverpool Stanley Hospital	3	142	8	17
Liverpool Royal Infirmary	18	583	15	19
Bootle General Hospital	9	141	10	24
Southport General Infirmary	2	8	11	14
TOTALS.....	124	2,811	356	1,035

Non-tuberculous Chest Conditions.—The following table gives details of patients suffering from non-tuberculous chest conditions who received hospital treatment during the year 1947. In 1946 the arrangements for the treatment of these cases were confined to the Broadgreen Hospital only and during that year 74 such cases were admitted to the hospital:—

Diagnosis	Hospital to which admitted								Total No. of cases	
	Broadgreen Hospital		Park Hospital, Davyhulme		Manchester Royal Infirmary		Baguley E.M.S. Hospital			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Atelectasis	—	—	—	1	—	—	—	—	—	1
Bronchial carcinoma.....	11	—	9	2	3	—	2	—	25	2
Bronchiectasis	19	12	11	10	—	—	1	—	31	22
Bronchitis	5	—	—	—	—	—	—	—	5	—
Cystic lung	—	—	—	3	—	—	—	—	—	3
Empyema	1	—	—	—	—	—	—	—	1	—
Encysted pleural effusion	1	—	—	—	—	—	—	—	1	—
Hodgkin's disease	—	1	—	—	—	—	—	—	—	1
Lung abscess	1	1	—	—	—	—	—	—	1	1
Patent ductus arteriosus	—	1	—	—	—	—	—	—	—	1
Innominate artery dilatation	—	—	1	—	—	—	—	—	1	—
Pneumonia	1	—	—	—	—	—	1	—	2	—
Pretracheal abscess	—	—	—	1	—	—	—	—	—	1
Neoplasm of lung	—	—	—	—	1	—	—	—	1	—
Pneumoconiosis	—	—	—	—	1	—	—	—	1	—
Retro-sternal goitre	—	1	—	—	—	—	—	—	—	1
Sarcoma of lung	—	1	—	—	—	—	—	—	—	1
Segmental collapse of lung	—	1	—	1	—	—	—	—	—	2
Simple tumour of lung	1	—	—	—	—	—	—	—	1	—
Thoracic aneurysm	—	—	1	—	—	—	—	—	1	—
Diagnosis not established	3	1	2	1	—	—	2	—	7	2
TOTALS	43	19	24	19	5	—	6	—	78	38

Institutional Treatment.—The statement below shows the number of sick patients admitted to Lancashire Public Assistance Institutions during the years 1946 and 1947 (including mental patients, but excluding maternity, aged and infirm and E.M.S. cases):—

Name of Institution	Patients admitted	
	1946	1947
Ulverston Institution	216	208
Parkside Institution, Lancaster	441	381
Fylde Institution, Kirkham	569	715
Garstang Institution	—	3
Chorley Institution	297	280
Ribchester Institution	102	95
Coplow View Institution, Clitheroe	56	53
Moorlands Infirmary, Rawtenstall	687	596
Ormskirk County Hospital and Institution	923	1,234
County Hospital, Bury	1,201	1,419
Whiston County Institution	466	558
Leigh Institution	457	540
Green Lane Institution, Patricroft	529	541
County Hospital, Ashton-under-Lyne	1,447	1,570
TOTAL	7,391	8,193

Work done by District Medical Officers.—Particulars of work carried out by District Medical Officers during 1947 are compared below with those in respect of the previous year:—

	1946	1947
Number of District Medical Officers	130	130
Total number of patients.....	16,701	16,000
Number of prescriptions issued	150,408	156,742
Number of persons who received:—		
Dental treatment	223	234
Spectacles	398	438
Insulin	69	93
Surgical appliances	210	208

Tuberculosis.—The County Council, through the Tuberculosis Committee, provided a comprehensive diagnostic and treatment scheme for the inhabitants of the Administrative County. Details of the sanatoria, hospitals and dispensaries and of the work carried out are given in the Annual Report of the Central Consultant Tuberculosis Officer for 1947.

Institutional Provision for Unmarried Mothers, Illegitimate Infants, and Homeless Children.—During 1947 institutional accommodation for these classes was available as under:—

Unmarried mothers and illegitimate infants.—Crosby (B)—St. Mary's C.E. Home and Legion of Mary Maternity Hostel; Eccles (B)—Ennismore House (Manchester Diocesan Association for Preventive and Rescue Work); Heywood (B)—Simpson Hill Maternity Home; Lancaster (B)—House of Help (Moral Welfare Association) and arrangement with Carlisle Diocesan Maternity Home, Kendal and Brethargh Holt, Kendal.

Homeless Children.—Billinge and Winstanley—Greenfield House (R.C. Authorities); Crosby (B)—St. Mary's C.E. Home and Nazareth House (R.C. Home); Fleetwood (B)—Orphanage, Esplanade; Heywood (B)—Simpson Hill Maternity Home; Kirkham (Cottage Homes); Lancaster (B)—Nazareth House; Lytham St. Annes (B)—Dr. Barnado's Home, St. Annes; Tottington—Holly Mount Institute (Sisters of Charity); Turton—National Children's Home and Orphanage; Blackburn (R)—Blackburn and District Orphanage, Wilpshire.

Nursing in the Home.—During the year under report domiciliary general nursing was carried out almost entirely by District Nursing Associations, most of the area of the Administrative County being so served. In only a few areas were there arrangements for the domiciliary nursing of cases of infectious disease.

DISTRICT NURSING ASSOCIATIONS.—At the 31st March, 1948, there were 155 Nursing Associations operating in the Administrative County area, and the total number of nurses employed by them was 273.

One hundred and forty-seven of these Associations, employing 264 nurses, were affiliated to the Lancashire County Nursing Association; eight Associations, employing nine nurses, were not so affiliated.

Financial assistance at the rate of £12 per nurse was granted to District Nursing Associations by the Public Health and Housing Committee of the County Council under section 178 of the Public Health Act, 1936. The following statement summarises the amounts disbursed in respect of the financial year 1947-48:—

Grants to District Nursing Associations affiliated to the Lancashire County Nursing Association	£ 3,156
Grants to unaffiliated District Nursing Associations	108
Special grant to Huyton-with-Roby District Nursing Association	80
Grant to Lancashire County Nursing Association	400
TOTAL	<u>£3,744</u>

The above grants were in respect of services other than maternity. For services rendered by Associations in connection with maternity in the area of the County Council as a Local Supervising Authority, the County Council made grants calculated to cover the whole cost of the Nursing Associations of providing the service.

In addition to the above, many local authorities rendered financial aid to the District Nursing Associations serving their areas, and during the year 1947, grants made by 39 District Councils totalled some £3,030.

Nurses' Salaries Committee (Rushcliffe Committee).—This Committee was appointed by the Minister of Health in 1941, and its Second Report, issued in December, 1943, contained recommendations in regard to the salaries, emoluments and conditions of service of district nurses and district nurse-midwives. The various categories of domiciliary nurses were defined and scales of salaries and emoluments recommended, together with proposals relating to transfer, promotion, professional expenses, etc. Further recommendations in regard to conditions of service sought to establish uniformity throughout the country upon hours of duty, leave, sick pay and similar matters.

The appointed date for the application of the terms of the Committee's report was 1st April, 1943; nurses in employment at the date of the issue of the report (December, 1943), were given the option of accepting the Rushcliffe recommendations or of remaining on their existing salary scales and conditions of service, but all new appointments or promotions after the issue of the Report were to be in accordance with the Rushcliffe Scheme.

In September, 1946, a supplementary report of the Nurses' Salaries Committee recommended increased salaries for district nurses and district nurse-midwives payable retrospectively from 1st January, 1946. In an accompanying circular the Minister of Health stated that he welcomed these further recommendations and commended them to employing authorities for adoption.

Of the 148 District Nursing Associations in the Administrative County, 140 adopted the recommendations of the Rushcliffe Reports. The application of the Rushcliffe Scheme imposed a considerable financial strain on the resources of many Associations, all of which were, to some extent, dependent upon voluntary subscriptions for their upkeep, and to lessen the burden the Minister of Health intimated that, pending the settlement of the post-war health services, he was prepared to pay one-half of the additional expenditure incurred by District Nursing Associations in implementing the Committee's recommendations. The Exchequer grants have been distributed by County and County Borough Councils, acting on behalf of the Minister, and in this connection the County Council have disbursed a sum of £28,026 in respect of increased expenditure incurred during 1943/4, 1944/5 and 1945/6. Payments on account for 1946/7 and 1947/8, amounting to £12,214 and £11,550 respectively, have also been made.

Nursing Homes.—The law relating to nursing homes is contained in sections 187-195 of the Public Health Act, 1936.

The County Council are the authority under the Act for the area of the Administrative County, but their powers and duties under the Act in respect of the undermentioned Municipal Boroughs have been delegated to the Councils thereof:—

Accrington.	Darwen.	Morecambe & Heysham.
Ashton-under-Lyne.	Eccles.	Nelson.
Bacup.	Heywood.	Rawtenstall.
Chorley.	Lancaster.	Stretford.
Clitheroe.	Leigh.	Swinton & Pendlebury.
Colne.	Lytham St. Annes.	
Crosby.	Middleton.	

At the end of 1947 there were 32 registered nursing homes in the administrative area of the County Council and, according to the local reports, 21 in the above-mentioned autonomous districts.

All the nursing homes on the County register are from time to time re-inspected by Assistant County Medical Officers of Health, and during the year 76 such inspections took place.

The following is a summary of the action taken during 1947:—

Applications for registration received	2
Certificates of registration issued	2
Applications withdrawn	—
Applications refused	—
Applications under consideration at 31st December, 1947.....	1
Certificates cancelled during the year	1

The nursing homes were situated in the following districts:—

Carnforth	1	Ulverston	2
Denton	1	Urmston	1
Fleetwood (B)	2	Wardle	1
Formby	3	Widnes (B)	1
Grange	1	Worsley	1
Orrell	1	Blackburn (R)	1
Prestwich (B).....	3	Burnley (R)	1
Radcliffe (B)	1	Lunesdale (R)	1
Thornton Clevcleys	3	Warrington (R)	3
Tottington	2	West Lancashire (R)	2

NURSES ACTS, 1943 AND 1945.—Part 2 of the 1943 Act requires that a person shall not carry on an agency for the supply of nurses on any premises in the area of the Licensing Authority unless he is the holder of a licence from that authority authorising him so to do on those premises. The County Council are the licensing authority in the Administrative County for this part of the Act, but their powers and duties have, in accordance with the provisions of section 11 of the Act, been delegated to the Councils of the Municipal Boroughs of Clitheroe, Colne, Heywood, Lancaster and Stretford.

To the end of 1947, only one agency—at Lytham St. Annes (B)—had been licensed.

Venereal Diseases.—The County Council scheme provided facilities for the diagnosis and treatment of venereal diseases throughout 1947.

DIAGNOSTIC FACILITIES.—Facilities for the examination of specimens for Wassermann reaction and gonococci from cases or suspected cases were available at the undermentioned laboratories:—

Manchester	The University of Manchester, Public Health Laboratory, York Place, Oxford Road.
Liverpool	The University of Liverpool, City Laboratories and School of Hygiene, Mount Pleasant.
Burnley	County Borough of Burnley Public Health Laboratory, Victoria Hospital.

In addition, the examination of similar types of specimens was undertaken at the E.M.S. Laboratory, High Carley Sanatorium, near Ulverston, in respect of the northern portion of the County covered by the domiciliary scheme.

Examinations of specimens from patients attending the County Council clinics at Chorley, Fleetwood and Lancaster were undertaken at the Chorley clinic by a part-time technician employed by the County Council.

Pathological outfits.—The following table sets out the number of pathological outfits supplied to medical practitioners by the County Health Department during the year 1947 compared with the four previous years:—

Pathological outfits for	1943	1944	1945	1946	1947
Wassermann test	3,884	3,659	3,755	5,364	4,618
Detection of spirochaeta pallida	—	—	—	—	—
Detection of gonococci	202	324	209	159	164
TOTAL	4,086	3,983	3,964	5,523	4,782

TREATMENT FACILITIES.—These were mainly provided at treatment centres belonging to voluntary hospitals or County Boroughs. Three centres—at Chorley, Fleetwood and Lancaster—were provided directly by the County Council. In the northern part of the County a domiciliary scheme was in operation.

Work carried out at County Council treatment centres.—The table below shows the numbers of patients who attended for the first time at the three County Council treatment centres during 1947, together with contacts traced, etc. For comparative purposes the figures for 1946 are also given:—

	Gonorrhoea				Syphilis				Non-venereal diseases			
	1946		1947		1946		1947		1946		1947	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
*Number of patients attending	105	29	62	24	78	49	57	42	278	107	171	58
Number of patients notified	—	1	—	2	1	1	—	—	—	3	—	1
Number of traced contacts	5	10	1	8	6	12	2	11	22	38	24	26

* Patients attending for the first time; patients who were transferred from other clinics are not included.

A comparison of the figures for 1947 with those for 1946 shows a considerable decrease in the number of male patients and, to a lesser extent, in the number of female patients. This decrease can be explained by the fact that, with the return to more normal conditions, the population in the area served by the three clinics became more stabilised. There is no doubt that the excellent results obtained by the use of penicillin in the treatment of gonorrhoea and syphilis also played an important part. With the end of mass demobilisation, the number of patients for control examinations also decreased.

Work carried out at other Treatment Centres.—The following table giving the attendances during the year 1947 is compiled from the Annual Returns, Form V.D.(R), of the Medical Officers of Treatment Centres:—

Treatment Centre	Number of County residents attending for the <i>first time</i> and found to be suffering from:—				Total number of attendances of County residents
	Syphilis	Soft chancre	Gonorrhoea	Non-venereal and undiagnosed conditions	
Ashton-under-Lyne District Infirmary	29	—	36	30	1,528
Blackburn and East Lancashire Royal Infirmary	45	—	76	72	5,437
Blackpool Municipal Health Centre	16	—	48	13	1,210
Bolton Public Health Department Clinic	85	—	78	162	7,389
Bootle General Hospital	15	1	36	37	2,043
Burnley Victoria Hospital	31	—	46	59	1,600
Bury Joint Clinics	54	—	72	79	3,422
Liverpool Mill Road Infirmary	12	—	1	6	262
Liverpool Royal Infirmary	62	—	63	115	2,575
Liverpool Seamen's Dispensary	7	3	62	114	966
Manchester Ancoats Hospital	9	—	26	40	1,240
Manchester Royal Infirmary	29	—	47	79	1,901
Manchester St. Luke's Hospital	44	—	172	204	3,918
Manchester and Salford Skin Hospital	32	—	—	56	1,790
Oldham Royal Infirmary	55	—	46	68	3,862
Preston Royal Infirmary	52	—	58	98	3,170
Rochdale Municipal Clinic	18	—	33	24	1,682
St. Helens Dispensary	1	—	4	26	427
Salford Municipal Clinic	79	10	160	304	8,997
Southport Infirmary	7	—	19	9	706
Warrington General Hospital	44	—	19	51	1,597
Wigan Royal Albert Edward Infirmary	56	—	49	130	4,022
Other Institutions treating County residents	28	—	7	27	2,032
TOTAL	810	14	1,158	1,803	61,776

It will be seen from the above table that the number of *new* cases treated during 1947 was 3,785. This represents a decrease of 1,537 as compared with the figure for the previous year.

Work carried out under domiciliary scheme.—The table below gives details of the work undertaken during 1947 by the medical practitioners under the domiciliary scheme:—

	Syphilis		Soft chancre		Gonorrhoea		Non-venereal or undiagnosed conditions	
	M.	F.	M.	F.	M.	F.	M.	F.
Cases under treatment on 1st January, 1947	3	4	—	—	—	—	—	—
Cases attending for the first time in 1947	1	—	—	—	3	—	4	1
Cases which ceased to attend before completion of treatment	1	—	—	—	—	—	—	—
Cases transferred to other care	—	—	—	—	—	—	—	—
Cases discharged after completion of treatment and final test of cure or after diagnosis as non-venereal	—	—	—	—	—	—	4	1
Cases remaining on 31st December, 1947, either under treatment or under observation	3	4	—	—	3	—	—	—
Total attendances during 1947	46	31	—	—	11	—	8	2

Arsenobenzene compounds.—Under the arrangements made for the supply of arsenobenzene compounds to medical practitioners “approved” for this purpose, the following were supplied during the year 1947. Comparative figures for the four previous years are also given:—

Year	Total number of medical practitioners “approved” for supply of these preparations	Number of doses of arsenobenzene preparations supplied to medical practitioners										Total
		Kharsulphan	Myosalvarsan	Neokharsivan	Novarsenobillon	Stabilarsan	Sulfarsenol	Sulphostab	Metarsenobillon	Neo Salvarsan	Novostab	
1943	258	4	132	174	74	94	24	10	12	30	—	554
1944	258	19	4	130	136	179	8	—	—	6	—	482
1945	260	—	120	48	64	188	—	—	—	30	24	474
1946	261	22	—	60	70	316	—	15	—	40	—	523
1947	262	30	—	50	36	268	—	—	—	—	—	384

REGULATION 33B.—The decrease in the number of notifications under Regulation 33B, apparent since the end of the war, continued in 1947. During the year only four patients were notified twice in the County area, and 44 were notified once. Those notified twice were visited and advised to attend the nearest clinic, whilst the patients notified once were advised by letter to do so.

Tracing contacts with the help of the original patient was carried out, though there has been no Venereal Diseases Almoner on the County staff since June, 1947, and, of 72 examined, 21 contacts were found to be suffering from a venereal disease. The term “contact” is here used in a wide sense. It not only includes the possible source of infection but also those persons who might have been infected, such as husband, wife and children.

The provisions of Defence Regulation 33B expired on the 31st December, 1947.

Public Health Education.—During the 12 months ended 31st March, 1948, the educational and propaganda work on all aspects of the public health was greatly extended. The subject of food handling was given considerable attention, and lectures on food-borne infection and kitchen hygiene were given to kitchen staffs responsible for the preparation of school meals. Other activities included lectures to teachers, covering such subjects as “The physical and mental needs of the child” and “The spread and control of communicable diseases”; lectures to health visitors and nurses, dealing with the personal environmental factors affecting health; film shows, to Parent-Teachers’ Associations, including “You and Your Child”, “Your Children’s Sleep”, “Playing with Fire”, “Mother and Child” and “Defeat Diphtheria”; film shows in Welfare Centres on such subjects as the care of children’s teeth, ears or eyes and on many others relating to the mother and child; the exhibition of films and the provision of posters, pamphlets, etc., on diphtheria immunisation; the distribution throughout the County area of posters and literature relating to venereal diseases and the facilities available for their treatment; and assistance to local authorities in conducting health campaigns and exhibitions, including the wide distribution of posters and pamphlets on all health aspects.

Health education in schools represented the major part of the public health educational programme, 140 lectures and film shows being given to 22,500 children in 27 of the 37 Divisional Education areas.

Ambulance Facilities.—As a preliminary to the formulation of proposals by the County Council in connection with the provision, under the National Health Service Act, 1946, of an ambulance service for the Administrative County, an investigation was made during the latter part of 1946 into the existing ambulance facilities in and available to the 109 County districts. The results showed that reliance for the removal of cases of infectious disease was placed mainly upon ambulances provided by the hospitals—Joint Board, County Borough and District Council—with which the County districts had arrangements for the reception of such cases. For non-infectious, accident and maternity cases, the majority of districts either provided ambulances alone or jointly with other districts or utilised the services of neighbouring County Boroughs or County districts. In a few districts the Councils had arrangements for the use of ambulances belonging to the St. John Ambulance Association or private hire firms, collieries and local works.

The area of the Administrative County was covered by some 167 ambulances and 23 other vehicles for sitting cases, etc., and these were administered by 95 different authorities, hospitals or other organisations. Of the ambulances, at least 33 were considered to be in immediate need of replacement, and many others required replacements in the near future.

During 1947 there was little change in these facilities, and most local Medical Officers of Health reported their services to be adequate and efficient. In some instances, however, comment was made upon either the unreliability of vehicles or the high cost of the service.

From the 5th July, 1948, it became the duty of the County Council, as local health authority under the National Health Service Act, 1946, to provide and maintain ambulances and other means of transport for the conveyance of the sick, mental defectives, or expectant and nursing mothers. The proposals for the provision of this service, as approved by the Minister of Health, are reproduced on page 57.

Supply of Insulin.—During the war the Ministry of Health had under review the arrangements by means of which insulin might be supplied either free of cost or at a reduced price to persons suffering from diabetes, and issued Circular No. 2734 on the subject.

It was pointed out that arrangements for the provision of insulin were available under the National Health Insurance Acts, the Poor Law Acts, the Education Act and the Public Health Act. The National Health Insurance Acts, the Poor Law Acts and the Education Act dealt with the majority of cases where the provision of insulin was necessary but there still remained some classes of persons, e.g., dependants of insured persons, widows and spinsters engaged in household duties, for whom no public provision was made apart from the Poor Law.

The Minister therefore considered that these cases would best be met by the use of the powers of section 177 of the Public Health Act, 1936, by which an authority could, with the Minister's approval, provide a temporary supply of medicine for the poorer inhabitants of their district.

The Minister gave the necessary approval to enable all authorities to which the section applied to provide a supply of insulin for persons suffering from diabetes, until the termination of the war.

The Public Health and Housing Committee therefore authorised arrangements to be made for the supply of insulin free of cost to persons eligible under the terms of section 177 of the Public Health Act, 1936.

Only three persons required to be supplied under the terms of this section during 1947.

Vaccination.—**ANNUAL RETURNS.**—The Minister of Health, through the Registrar-General, requested that a return, Form M.379, be supplied relating to vaccination, etc., of children whose births were registered from the 1st January to 31st December, 1946.

To furnish the required details it was necessary to obtain returns from the Vaccination Officers in the Administrative County. These have been summarised in the former "Guardians' Committee" areas, and the totals are given in the table on page 34.

From this table it will be seen that, of the 33,024 births included in the return, the number which at the time the return was made had been registered as successfully vaccinated was 10,401 or 31·5 per cent. of the whole, and the number registered as having died unvaccinated was 1,197 or 3·6 per cent. Of the remaining children 82 or 0·2 per cent. had been registered as insusceptible of vaccination, 268 or 0·8 per cent. as having their vaccination postponed by medical certificate, and 14,346 or 43·4 per cent. in respect of whom certificates of conscientious objection were received, leaving 6,730 or 20·4 per cent. as "removed", "not traced" or otherwise not accounted for.

If the number of deaths, viz., 1,197, which took place before vaccination, be first deducted from the total number of births included in the return it appears that, of the surviving 31,827 children, there were registered at the time of the return 32·6 per cent. as successfully vaccinated, 0·3 per cent. as insusceptible of vaccination, 0·8 per cent. as under medical certificate of postponement, and 45·1 per cent. in respect of whom certificates of conscientious objection to vaccination had been received, leaving 21·1 per cent. unaccounted for as regards vaccination.

Reference to the Return M.379 will show the number of successful vaccinations, the number of certificates of exemptions, etc., during the year 1946 in the various areas of the Administrative County. The statement below gives these figures in percentages to total births after deducting the number of children who died unvaccinated before the date of the Return. For comparison the percentages for the preceding five years are also given:—

Area	Percentages of successful vaccinations						Percentages of statutory declaration					
	1941	1942	1943	1944	1945	1946	1941	1942	1943	1944	1945	1946
1.—Ulverston	56·6	54·3	55·2	51·6	52·1	61·8	28·0	27·6	24·8	25·6	24·0	19·5
2.—Lancaster	50·7	53·3	53·8	54·2	50·1	52·1	31·6	31·6	29·1	30·3	28·8	26·7
3.—Fylde and Garstang	22·6	31·3	31·2	31·2	32·5	29·9	51·6	52·1	50·0	46·8	35·2	34·4
4.—Preston and Chorley	31·3	33·6	31·6	30·6	27·1	27·9	45·5	44·3	45·5	43·6	43·7	39·3
5.—Blackburn and Clitheroe	37·2	36·5	35·6	35·3	32·8	32·9	55·3	55·9	56·5	54·0	56·7	51·1
6.—Burnley	12·9	13·6	18·4	15·1	12·7	12·9	74·7	71·1	65·6	68·8	72·1	74·4
7.—Haslingden	12·6	12·4	8·1	7·5	5·1	6·0	79·7	76·3	77·7	70·3	65·4	75·7
8.—Ormskirk	53·1	56·7	55·6	55·1	49·2	49·8	20·3	18·4	18·4	16·2	17·2	16·3
9.—Wigan	21·5	19·9	18·1	18·4	20·4	15·0	58·7	58·1	60·2	58·3	58·1	51·3
10.—Bolton	33·2	37·9	34·9	37·2	37·8	42·3	61·3	57·9	61·7	57·3	56·6	51·0
11.—Rochdale and Bury	17·1	21·2	21·0	23·7	20·4	22·0	69·1	67·5	67·4	63·1	66·3	63·7
12.—Prescot	54·3	63·9	63·2	58·9	54·0	50·0	23·8	23·6	23·5	26·2	25·4	23·4
13.—Leigh	26·1	29·7	26·3	28·0	28·3	29·0	64·7	61·0	63·7	62·4	62·6	58·0
14.—Barton-upon-Irwell	38·5	42·9	43·6	43·3	46·2	46·9	41·9	39·2	38·9	38·5	33·5	33·5
15.—Oldham	19·1	23·6	20·1	16·2	24·0	40·0	76·4	66·3	70·0	65·3	64·1	50·3
16.—Ashton-under-Lyne	6·9	9·0	9·7	7·1	6·9	12·1	50·0	49·1	41·4	38·1	41·8	55·3
Administrative County	31·1	34·1	33·3	32·8	31·3	32·6	50·5	48·9	48·4	46·5	46·2	45·0

VACCINATION RETURN FOR 1946.

Ministry of Health Form M.379.

RETURN respecting the Vaccination of Children whose Births were registered from 1st January to 31st December, 1946, inclusive.

	Area	No. of Births in "Birth List Sheets" registered 1st Jan. to 31st Dec., 1946	No. of these Births entered by 31st January, 1948, in Cols. I, II, IV and V of the "Vaccination Register" (Birth List Sheets), viz.					No. of Births which on 31st Jan., 1948, remained unentered in the "Vaccination Register" on account of:				Number of these Births remaining 31st Jan., 1948, neither entered in the "Vacc. Reg." nor temporarily accounted for in "Report Book" *	No. of Certs. of successful Primary Vacc. of Children under 14 received during 1947	(See Footnote) †	No. of Statutory Declarations of Conscientious Objection recd. by V.O. during 1947
			Col. I Successfully Vacc.	Col. II		Col. IV No. of Statutory Declarations	(See footnote) ‡	Col. V Died Un- vaccinated	Postponement by Medical Certificate	Removal to V.O.s of which have been appraised	Removal to places the unknown and Cases not found				
				Insus-ceptible of Vacc.	Had Small-pox										
1	1	2	3	4	5	6	6a	7	8	9	10	11	12	12a	13
1	Ulverston	552	332	5	—	105	—	15	17	34	14	30	318	39	133
2	Lancaster	1,952	986	3	—	506	1	62	12	183	70	130	1,357	131	526
3	Fylde and Garstang	1,256	367	1	—	422	—	30	1	1	8	426	463	109	453
4	Preston and Chorley	2,635	703	6	—	988	1	123	37	120	102	556	771	23	1,178
5	Blackburn and Clitheroe	1,003	324	2	—	503	3	20	2	—	15	137	769	244	604
6	Burnley	1,750	221	6	—	1,273	—	46	25	27	152	—	304	14	1,386
7	Haslingden	1,520	89	—	—	1,122	—	38	19	88	23	141	137	34	1,087
8	Ormskirk	2,176	1,043	4	—	342	5	83	—	341	156	207	2,254	695	387
9	Wigan	2,232	325	2	—	1,106	4	78	24	342	21	334	434	66	1,296
10	Bolton	2,473	1,009	1	—	1,218	4	89	2	96	24	34	1,232	139	1,419
11	Rochdale and Bury	2,781	595	4	—	1,717	2	88	36	64	75	202	981	340	1,680
12	Prescot	3,314	1,551	38	—	728	6	214	26	290	155	312	2,205	501	877
13	Leigh	2,350	659	6	—	1,318	2	81	8	65	44	169	1,008	242	1,405
14	Barton-upon-Irwell	3,464	1,576	1	—	1,126	7	110	49	51	87	464	2,228	258	1,195
15	Oldham	737	289	1	—	363	1	16	8	15	40	5	999	449	499
16	Ashton-under-Lyne.....	2,829	332	2	—	1,509	—	104	2	495	81	304	573	168	1,401
	Administrative County Totals	33,024	10,401	82	—	14,346	36	1,197	268	2,212	1,067	3,451	16,033	3,452	15,526

NOTE.—(a) Total of Cols. 3 to 6 and 7 to 11 agree with Col. 2. Children successfully vaccinated after declaration of conscientious objection included in Col. 6.
† The number of such cases inserted in Col. 6a.

* Total in this column is the number of Certificates of successful primary vaccinations of children under 14 actually received during year including any relating to births registered in previous years. The total thus given includes the Certificates of successful primary vaccinations of which copies have been sent to Vaccination Officers of other districts.

(b) Figures in Cols. 2 to 11 do not include re-registered births or cases of children born in other districts.

† Number of Certificates for 1947 sent to other Vaccination Officers is given in Col. 12a.

The table below shows details of the vaccination of children whose births were registered between 1st January and 31st December of each of the years 1939 to 1946.

Year	No. of Births in "Birth List Sheets" registered during year	No. of these Births entered by 13 months after end of year in Cols. I, II, IV and V of the "Vaccination Register" (Birth List Sheets), viz.						No. of Births which 13 months after end of year remained unentered in the "Vaccination Register" on account of:				Number of these Births remaining, 13 months after end of year neither entered in the "Vacc. Reg." nor temporarily accounted for in "Report Book" *	No. of Certs. of successful Primary Vacc. of Children under 14 received during year following *	(See Footnote) †	No. of Statutory Declarations of Conscientious Objection recd. by V.O. during year following
		Col. I Successful-ly Vacc.	Col. II		Col. IV No. of Statutory Declarations	(See footnote) †	Col. V Died Un- vaccinated	Postpone-ment by Medical Certificate	Removal to V.O.'s of which have been appraised	Removal to places unknown and Cases not found					
			Insus-ceptible of Vacc.	Had Small- pox											
1	2	3	4	5	6	6a	7	8	9	10	11	12	12a	13	
1939.....	25,585	7,001	78	—	14,708	9	1,096	284	540	774	1,104	8,165	1,481	14,173	
1940.....	26,029	7,140	156	—	13,885	12	1,170	231	604	911	1,932	8,711	1,485	12,987	
1941.....	27,422	8,183	125	—	13,292	23	1,134	239	848	1,132	2,469	11,033	2,014	13,167	
1942.....	28,396	9,306	87	—	13,341	28	1,152	229	843	1,118	2,320	11,333	2,114	13,476	
1943.....	29,711	9,561	108	—	13,876	14	1,065	233	1,153	1,056	2,659	12,528	2,584	13,090	
1944.....	31,847	10,087	61	—	14,325	26	1,094	328	1,514	1,078	3,360	10,194	2,382	12,614	
1945.....	27,325	8,267	43	—	12,199	33	937	234	1,511	901	3,233	13,674	2,478	12,664	
1946.....	33,024	10,401	82	—	14,346	36	1,197	268	2,212	1,067	3,451	16,033	3,452	15,526	

NOTE.—(a) Total of Cols. 3 to 6 and 7 to 11 agree with Col. 2. Children successfully vaccinated after declaration of conscientious objection included in Col. 6.
† The number of such cases inserted in Col. 6a.

(b) Figures in Cols. 2 to 11 do not include re-registered births or cases of children born in other districts.

* Total in this column is the number of Certificates of successful primary vaccinations of children under 14 actually received during year *including* any relating to births registered in previous years. The total thus given *includes* the Certificates of successful primary vaccinations of which copies have been sent to Vaccination Officers of other districts.

† Number of Certificates for year following sent to other Vaccination Officers is given in Col. 12a.

The National Health Service Act, 1946.—GENERAL OBSERVATIONS.—Section 1 of the National Health Service Act, 1946, charges the Minister of Health with the duty of providing an effective and comprehensive health service for the prevention, diagnosis and treatment of illness.

The medical services dealt with under the Act are divided into the following three main groups, each being assigned to a particular body:—

- (a) The Hospital and Specialist Services, assigned to the Regional Boards.
- (b) The domiciliary treatment of illness, i.e., the General Practitioner Service controlled by Executive Councils.
- (c) The Health Services of Local Health Authorities, viz., County Councils and County Borough Councils.

For all these services, the Minister has power to approve or vary schemes of administration, to issue regulations governing their conduct and to exercise an overall direction.

Embodied in the Act are principles which have long been generally agreed, but to bring them into operation it was found necessary to alter, almost wholly, the system upon which the treatment services had hitherto been organised. The groupings and separate methods of administration are not, therefore, mere re-assignments of duties to existing Authorities or Associations, but represent an allocation of functions to bodies deemed most suitable for the purposes set out in section 1 of the Act.

The power of the Minister to direct the services is, therefore, of great importance and would appear to be the main factor by which the separate groups, separately administered, can be co-ordinated at all levels and so provide an effective National Health Service.

LOCAL HEALTH AUTHORITY—HEALTH COMMITTEE.—In accordance with the provisions of the Act the County Council, as the Local Health Authority for the Administrative County, appointed, on the 13th March, 1947, a Health Committee consisting of members of the County Council together with representatives of the County District Councils Associations in Lancashire, the Executive Council, the Manchester Regional Hospital Board and the Liverpool Regional Hospital Board, to administer on their behalf the functions of the Local Health Authority as laid down by the Act.

The Health Committee were empowered to take all necessary action with regard to the supervision of proposals of the Local Health Authority under the Act in accordance with a time-table issued by the Minister of Health and to set up such sub-committees as they might consider necessary for the purpose of formulating such proposals.

SERVICES TO BE PROVIDED BY THE LOCAL HEALTH AUTHORITY.—With the concept of a unified Health Service in mind, it was quite evident that, in consequence of the transfer of the treatment services to the Regional Boards, the large extensions of other existing services, and the additional duties placed upon the County Council as the Local Health Authority, a re-organisation of both the administrative and executive arrangements was necessary.

From an examination of the duties placed upon Local Health Authorities, it was apparent that in many important respects they are either complimentary or supplementary to the treatment services administered by Regional Boards and Executive Councils and it therefore appeared that administrative arrangements made by Local Health Authorities should conform as far as possible to those made for the treatment services. Furthermore, any such common pattern would facilitate liaison between the services at the level which most closely affects the family and the individual.

DIVISIONAL SYSTEM OF ADMINISTRATION.—The pattern for the hospital treatment services was laid down in the Act—i.e., hospital districts with Management Committees appointed by the Regional Boards and staffed by officers of such Boards.

It was considered, therefore, that a comparable system for the administration of the Health Services of the County Council as the Local Health Authority would be to select, so far as was practicable, the County areas within a hospital district as Health Divisions of the Administrative County and to appoint committees for the local management of the services in each Division. Another important consideration was that by means of a system of divisional administration local initiative could have full play with a proper element of competition between the Divisions.

On these basic principles, it was therefore decided to set up a system of divisional administration and to formulate the proposals of the Health Authority for the various services required to be undertaken by them so as to be capable of being undertaken on a divisional basis.

Seventeen Health Divisions were therefore established and, wherever practicable, were designed to be co-terminous with the drainage areas of the various hospital districts and within certain limits, decided by administrative convenience, were based on an average population of 100,000.

Below is given a copy of "The Lancashire County Council Divisional Health Administration Scheme, 1947", approved by the County Council on the 11th March, 1948, together with the instructions of the Health Committee as to the functions, powers and duties of Divisional Health Committees. In addition, at page 44, is inserted a map showing the several Health Divisions.

DIVISIONAL HEALTH ADMINISTRATION SCHEME, 1947

PART I

TITLE AND INTERPRETATION

1.—*Title*

This scheme may be cited as “The Lancashire County Council Divisional Health Administration Scheme, 1947”, and shall be operative as from the Appointed Day under the National Health Service Act, 1946.

2.—*Interpretation*

(a) In this Scheme, unless the subject or context otherwise requires:—

“The Act of 1946” means the National Health Service Act, 1946, and the expressions herein contained shall have the meanings assigned to them by Section 79 of the Act of 1946.

“The Local Health Authority” means the Lancashire County Council, and includes any Standing Committee of the County Council or any Sub-Committee thereof to which a particular function under or relating to the Act of 1946, or otherwise affecting this Scheme, has been delegated by the Local Health Authority.

“Health Committee” means the Health Committee appointed by the Local Health Authority under Section 19 and Part II of the Fourth Schedule to the Act of 1946.

“The County” means the Administrative County Area; and

“Division” means the area for which a Divisional Committee is established under this Scheme.

(b) The Interpretation Act, 1889, shall apply to this Scheme as it applies to the interpretation of an Act of Parliament.

3.—This Scheme shall have effect, subject to:—

(a) The Act of 1946;

(b) The relevant regulations made by the Minister of Health.

PART II

CONSTITUTION OF DIVISIONS AND DIVISIONAL COMMITTEES

4.—*Partitioning of County*

The area of the County is hereby partitioned into the Divisions specified in the First Schedule to this Scheme, and Divisional Committees shall be established, constituted as hereinafter provided, to administer, as Sub-Committees of the Health Committee, the powers and duties assigned by that Committee.

5.—*Constitution of Divisional Committees*

The constitution of Divisional Committees shall provide for membership as follows, the number for each Division, excluding *ex officio* members, being as specified in the First Schedule hereto:—

(a) The Chairman and Vice-Chairman of the Health Committee as *ex officio* members of all Divisional Committees;

(b) Representatives who should normally be members of the Local Health Authority appointed by that Authority on the recommendation of the Health Committee;

(c) Representatives appointed by the Councils of the County Districts within the Division who should normally be members of such Councils;

(d) Representatives appointed by the Management Committees of the Hospitals serving the Division;

(e) Representatives appointed by the Education Divisional Executives within the Division;

(f) Persons co-opted at the discretion of the Divisional Committee with the approval of the Health Committee.

Note.—The Fourth Schedule to the Act of 1946 requires that at least a majority of every Divisional Committee and Sub-Committee thereof shall be members of the Local Health Authority or of a Local Authority for any area forming part of the area of the Local Health Authority.

6.—*Appointment of Members and First Meetings of Divisional Committees*

(a) The first appointment of members of the Divisional Committees shall be made as soon as possible after the Scheme has been finally approved by the Local Health Authority.

(b) The first meetings of the Divisional Committees shall be summoned by the Clerk of the County Council.

7.—*Period of Office of Members*

The term of office of members of the Divisional Committees shall be for one year, and the members shall retire together on the 31st May of each year, except that the members first appointed shall hold office until the 31st May, 1950, unless they resign or cease to be qualified for membership before that date.

8.—*Vacancies*

(a) Casual vacancies shall be filled as early as convenient by the body entitled to make the appointment;

(b) The person appointed to fill a casual vacancy shall cease to hold office on the date when the person in whose place he was appointed would have ceased to hold office;

(c) A casual vacancy occurring within three months of the date of the expiration of the term of office of a Divisional Committee need not be filled.

9.—*Cessation of Membership*

A member of a Divisional Committee may resign on giving notice in writing to the Clerk to the Divisional Committee, and any member of the Committee shall cease to be a member thereof on ceasing to be a member of the Authority or Body by whom he was appointed.

10.—*Meetings and Proceedings*

Meetings and proceedings of the Divisional Committees shall be conducted in accordance with the rules set out in the Second Schedule to this Scheme.

11.—*Appointment of Committees and Sub-Committees*

A Divisional Committee may appoint such and so many Committees and Sub-Committees as it may consider expedient. The term of office for which a Committee or Sub-Committee is appointed shall not be longer than the term of office of the Divisional Committee.

12.—*Functions, Powers and Duties of Divisional Committees*

The functions, powers and duties of Divisional Committees are set out in the Third Schedule to this Scheme, and subject to such directions as may from time to time be given by the Health Committee, include the following services:—

- (i) Ambulance;
- (ii) Domiciliary Nursing (including tuberculosis);
- (iii) Health Centres.—Management and Local Supervision;
- (iv) Maternity and Child Welfare;
- (v) Midwives and Maternity Nursing;
- (vi) Infectious Disease Administration;
- (vii) Vaccination and Immunisation;
- (viii) Domestic Help;
- (ix) Measures for the Prevention of Illness, Care and After-care of sick persons;
- (x) Health Visiting;
- (xi) Health Education.

PART III

STAFFING AND FINANCIAL ARRANGEMENTS

13.—*Officers and Staff*

All officers and other staff shall be in the service of the Local Health Authority. The Executive Officer of the Divisional Committee shall be appointed by the Local Health Authority, in consultation with the Divisional Committee, and shall be a Senior Assistant County Medical Officer of Health assigned to the Division by the Health Committee and designated a Divisional Medical Officer. The functions of the Divisional Medical Officer are specified in the Fourth Schedule hereto.

The Clerk to the Divisional Committee shall, subject to the approval of the Local Health Authority, be appointed by the Divisional Committee, and the functions of the Clerk to the Divisional Committee are specified in the Fifth Schedule hereto.

The staff of the Divisional Committee, other than the Divisional Medical Officer and the Clerk to the Divisional Committee, shall be appointed by the Divisional Committee, subject to such directions as may from time to time be given by the Local Health Authority.

14.—*Financial Arrangements*

The financial arrangements of the Divisional Committees are set out in Part I of the Sixth Schedule hereto, but notwithstanding these arrangements, the Local Health Authority may, for such period as they may deem desirable, enter into arrangements on agreed terms with any County District Council within the County for an officer of that County District Council to act as Divisional Financial Officer as agent of the County Treasurer in relation to the functions included in the Third Schedule hereto.

In the event of the appointment of a Divisional Financial Officer in any Division the financial arrangements set out in Part II of the Sixth Schedule hereto shall operate.

FIRST SCHEDULE

HEALTH DIVISIONS AND BASIS OF CONSTITUTION OF DIVISIONAL COMMITTEES

Health Division	Population (Estimated mid-1946)	Representation
<i>No. 1</i>		
Dalton-in-Furness U.D.	10,550	1
Grange U.D.	2,642	1
Ulverston U.D.	9,827	1
Ulverston R.D.	16,540	2
	<u>39,559</u>	5
		4
		1
		2
		3
		<u>15</u>
<i>No. 2</i>		
Lancaster B.	49,820	5
Morecambe and Heysham B.	37,300	4
Carnforth U.D.	3,336	1
Lancaster R.D.	10,980	1
Lunesdale R.D.	6,655	1
	<u>108,091</u>	12
		7
		2
		2
		3
		<u>26</u>
<i>No. 3</i>		
Fleetwood B.	24,960	3
Lytham St. Annes B.	30,490	3
Kirkham U.D.	4,177	1
Poulton-le-Fylde U.D.	7,278	1
Preesall U.D.	2,071	1
Thornton Cleveleys U.D.	15,430	2
Fylde R.D.	10,490	1
Garstang R.D. (part)	3,511	1
(Parishes of Hambleton, Out Rawcliffe, Pilling and Stalmine-with-Staynall)		13
	<u>98,407</u>	7
		2
		2
		3
		<u>27</u>
<i>No. 4</i>		
Chorley B.	30,620	3
Adlington U.D.	3,827	1
Fulwood U.D.	11,680	1
Leyland U.D.	14,250	2
Longridge U.D.	3,916	1
Walton-le-Dale U.D.	13,700	2
Withnell U.D.	2,671	1
Chorley R.D.	25,430	3
Clitheroe R.D. (part)	2,406	1
(Parishes of Aughton, Bailey and Chaigley, Bowland-with-Leagram, Chipping and Thornley-with-Wheatley)		
Garstang R.D. (part)	8,219	1
(except so much as is in Division No. 3)		
Preston R.D.	36,560	4
	<u>153,279</u>	20
		9
		2
		2
		3
		<u>36</u>

Health Division	Population (Estimated mid-1946)	Representation
<i>No. 5</i>		
Accrington B.	38,670	4
Clitheroe B.	10,940	1
Darwen B.	29,830	3
Church U.D.	4,992	1
Clayton-le-Moors U.D.	6,607	1
Great Harwood U.D.	10,330	1
Oswaldtwistle U.D.	12,090	1
Rishton U.D.	5,405	1
Blackburn R.D.	12,450	1
Clitheroe R.D. (part)	6,299	1
(except so much as is in Division No. 4)		
	137,613	—
		15
		8
		—
		4
		2
		3
		—
		32
<i>No. 6</i>		
Colne B.	20,140	2
Nelson B.	32,650	4
Barrowford U.D.	4,614	1
Brierfield U.D.	6,628	1
Padiham U.D.	9,650	1
Trawden U.D.	2,033	1
Burnley R.D.	16,290	2
		—
	92,005	—
		12
		7
		—
		3
		2
		3
		—
		27
<i>No. 7</i>		
Crosby B.	57,540	6
Formby U.D.	8,864	1
Litherland U.D.	19,490	2
Ormskirk U.D.	20,360	2
Skelmersdale U.D.	5,883	1
West Lancashire R.D.	40,230	4
		—
	152,367	—
		16
		8
		—
		2
		2
		3
		—
		31
<i>No. 8</i>		
Abram U.D.	5,845	1
Ashton-in-Makerfield U.D.	18,160	2
Aspull U.D.	6,324	1
Billinge and Winstanley U.D.	5,929	1
Hindley U.D.	18,890	2
Ince-in-Makerfield U.D.	19,900	2
Orrell U.D.	8,581	1
Standish-with-Langtree U.D.	8,501	1
Upholland U.D.	6,246	1
Wigan R.D.	7,510	1
		—
	105,886	—
		13
		7
		—
		2
		2
		3
		—
		27
<i>No. 9</i>		
Widnes B.	44,890	5
Huyton-with-Roby U.D.	47,900	5
Prescot U.D.	11,780	1
Rainford U.D.	3,682	1
Whiston R.D.	36,560	4
		—
	144,812	—
		16
		8
		—
		2
		2
		3
		—
		31

Health Division	Population (Estimated mid-1946)	Representation
<i>No. 10</i>		
Golborne U.D.	14,580	2
Haydock U.D.	11,320	1
Newton-le-Willows U.D.	21,140	2
Warrington R.D.	22,890	2
	<u>69,930</u>	—
	Local Health Authority	7
	Divisional Education Executives—	5
	Nos. 19 (Pt.) and 22	2
	Hospital Management Committees	2
	Co-opted Members	3
		<u>19</u>
<i>No. 11</i>		
Farnworth B.	27,070	3
Leigh B.	46,340	5
Atherton U.D.	20,190	2
Blackrod U.D.	2,830	1
Horwich U.D.	15,270	2
Kearsley U.D.	10,030	1
Little Lever U.D.	4,541	1
Turton U.D.	10,720	1
Tyldesley U.D.	17,760	2
Westhoughton U.D.	14,710	2
	<u>169,461</u>	—
	Local Health Authority	20
	Divisional Education Executives—	10
	Nos. 13 (Pt.), 18, 23 and 25	4
	Hospital Management Committees	2
	Co-opted Members	3
		<u>39</u>
<i>No. 12</i>		
Haslingden B.	14,000	2
Prestwich B.	34,130	4
Radcliffe B.	26,840	3
Rawtenstall B.	24,300	3
Ramsbottom U.D.	13,900	2
Tottington U.D.	5,684	1
Whitefield U.D.	12,380	1
	<u>131,234</u>	—
	Local Health Authority	16
	Divisional Education Executives—	9
	Nos. 12 (Pt.), 14, 24 and 26	4
	Hospital Management Committees	2
	Co-opted Members	3
		<u>34</u>
<i>No. 13</i>		
Bacup B.	17,840	2
Heywood B.	24,380	3
Littleborough U.D.	10,230	1
Milnrow U.D.	8,134	1
Wardle U.D.	4,134	1
Whitworth U.D.	7,256	1
	<u>71,974</u>	—
	Local Health Authority	9
	Divisional Education Executives—	6
	Nos. 12 (Pt.), 27 and 33	3
	Hospital Management Committees	2
	Co-opted Members	3
		<u>23</u>
<i>No. 14</i>		
Middleton B.	30,160	3
Chadderton U.D.	30,700	3
Crompton U.D.	12,420	1
Failsworth U.D.	17,270	2
Loes U.D.	4,102	1
Royton U.D.	14,500	2
Limehurst R.D. (part)	695	—
(Parish of Woodhouses)		—
	<u>109,847</u>	—
	Local Health Authority	12
	Divisional Education Executives—	7
	Nos. 28 and 32	2
	Hospital Management Committees	2
	Co-opted Members	3
		<u>26</u>

Health Division	Population (Estimated mid-1946)	Representation
<i>No. 15</i>		
Eccles B.	41,270	4
Swinton and Pendlebury B.	39,500	4
Irlam U.D.	14,630	2
Worsley U.D.	26,510	3
	<u>121,910</u>	<u>13</u>
	Local Health Authority	7
	Divisional Education Executives—	
	Nos. 29 (Pt.), 30 and 31	3
	Hospital Management Committees	2
	Co-opted Members	3
		<u>28</u>
<i>No. 16</i>		
Stretford B.	58,630	6
Urmston U.D.	36,920	4
	<u>95,550</u>	<u>10</u>
	Local Health Authority	6
	Divisional Education Executives—	
	No. 29 (Pt.) and Stretford	2
	Hospital Management Committees	2
	Co-opted Members	3
		<u>23</u>
<i>No. 17</i>		
Ashton-under-Lyne B.	46,480	5
Mossley B.	10,250	1
Audenshaw U.D.	12,150	1
Denton U.D.	24,030	3
Droylsden U.D.	24,800	3
Limehurst R.D. (part)	6,765	1
(except Parish of Woodhouses)		
	<u>124,475</u>	<u>14</u>
	Local Health Authority	7
	Divisional Education Executives—	
	Nos. 34 and 35	2
	Hospital Management Committees	2
	Co-opted Members	3
		<u>28</u>

SECOND SCHEDULE

MEETINGS AND PROCEEDINGS

1.—The Divisional Committee shall meet at least once in each month, provided that a meeting due in any holiday period may be omitted or deferred if the Divisional Committee so resolve and can make such arrangements as will prevent undue delay in the transaction of necessary business.

2.—The Divisional Committee shall fix a regular time and place for their meetings.

3.—The Chairman shall be elected annually from amongst the members of the Divisional Committee, and shall, unless he resigns or ceases to be qualified or becomes disqualified, continue in office until his successor becomes entitled to act as Chairman. The election of the Chairman shall be the first business transacted at the first meeting held after the appointment of the members.

4.—The Vice-Chairman shall be elected annually by the Divisional Committee from among the members of the Divisional Committee.

5.— (i) At any meeting the Chairman, if present, shall preside;

(ii) If the Chairman is absent from the meeting, the Vice-Chairman, if present, shall preside;

(iii) If both the Chairman and Vice-Chairman are absent, such member as the members present shall choose shall preside.

6.— (i) The Chairman may call a meeting at any time;

(ii) If the Chairman refuses to call a meeting after a requisition for that purpose, signed by six members, has been presented to him, or if, without so refusing, the Chairman does not call a meeting within seven days after such requisition has been presented to him, any six members may forthwith call a meeting;

(iii) Three clear days at least before a meeting, a summons to attend the meeting, specifying the business proposed to be transacted thereat, and signed by the Chairman or by the Clerk, shall be left at or sent by post to the usual place of residence of every member.

Provided that want of service of the summons on any member shall not affect the validity of a meeting.

Provided also in the case of a meeting called by members in default of the Chairman, the summons shall be signed by those members, and no business shall be transacted at the meeting other than that specified in the summons.

7.—Every question at a meeting shall be decided by a majority of the votes of the members present and voting thereon and in the case of an equality of votes, the person presiding at the meeting shall have a second or casting vote.

8.—The names of the members present at a meeting shall be recorded.

9.—No business shall be transacted at a meeting unless at least one-quarter of the whole number of members are present.

10.—The minutes of the proceedings of a meeting of a Divisional Committee, or of a Committee or a Sub-Committee thereof, shall be drawn up and entered in a book kept for that purpose, and shall be signed at the same or next ensuing meeting by the person presiding thereat, and any minute purporting to be so signed shall be received in evidence without further proof. Copies of the proceedings of the Divisional Committee shall be submitted monthly to the Health Committee and all constituent Bodies.

11.—Subject to the provisions of this Scheme, a Divisional Committee may make, vary or revoke, Standing Orders for the regulation of their proceedings and business.

12.—The proceedings of a Divisional Committee or of a Committee thereof shall not be invalidated by any vacancy among their number or by any defect in the appointment or qualifications of any member thereof.

13.—Subject to the provisions of the Local Authorities (Admission of the Press to Meetings) Act, 1908, representatives of the Press shall be admitted to meetings.

THIRD SCHEDULE

FUNCTIONS, POWERS AND DUTIES OF DIVISIONAL COMMITTEES

Subject to Clause 12 hereof, the following functions, powers and duties shall be exercised by the Divisional Committees on behalf of the Health Committee:—

- 1.—The management of an Ambulance Service in accordance with the Scheme of the Local Health Authority for the conveyance of persons suffering from illness or mental defectiveness, or expectant or nursing mothers, from places in their area to places in or outside their area.
- 2.—The conduct of the Domiciliary Nursing Service within the area.
- 3.—The management and maintenance of all Health Service premises established within the Divisional Area, provided that in all matters involving expenditure by way of additions and alterations to electrical and/or heating installations the County Architect shall be consulted.
- 4.—The conduct of the Maternity and Child Welfare Service within the Divisional Area.
- 5.—The conduct of the Midwifery and Maternity Nursing Service of the area.
- 6.—Matters relating to the Notification and Control of Infectious Disease.
- 7.—Matters relating to Vaccination and Immunisation within the Divisional Area.
- 8.—The implementation of the Scheme for the Provision of Domestic Helps.
- 9.—The matters relating to the Prevention of Illness, Care and After-Care of Sick Persons.
- 10.—The conduct of the Health Visiting Service within the Divisional Area.
- 11.—Such additional duties, including Health Education under Section 179 of the Public Health Act, 1936, providing for the publication of information on questions relating to health or disease, and for the delivery of lectures, etc., as may, from time to time, be referred to the Divisional Committee by the Health Committee.

FOURTH SCHEDULE

DUTIES OF DIVISIONAL MEDICAL OFFICER

The Divisional Medical Officer shall be required:—

- 1.—To act under the direction of the County Medical Officer of Health, and to advise the Divisional Committee on all technical matters in connection with Health Services.
- 2.—To undertake the day-to-day administration of Part III Services in the Division, in accordance with the policy and within the limits of expenditure laid down by the Health Committee.
- 3.—To undertake the duties of School Medical Officer within the Division.
- 4.—To undertake the duties of Medical Officer of Health for the County Districts within the Division, where he may be so appointed.
- 5.—To carry out such additional duties as may be assigned to him, from time to time, by the County Medical Officer of Health.

FIFTH SCHEDULE

DUTIES OF CLERK TO THE DIVISIONAL COMMITTEE

To carry out on behalf of the Clerk of the County Council:—

- 1.—The preparation of notices convening the meetings of the Committee and of its Sub-Committees.
- 2.—The duty of advising the Divisional Committee on matters of Committee procedure.
- 3.—The recording of the proceedings of meetings.
- 4.—The transmission of copies of the proceedings of such meetings to the Clerk of the County Council, the County Medical Officer of Health and all constituent Bodies.

SIXTH SCHEDULE

FINANCIAL ARRANGEMENTS

PART I

WHERE A DIVISIONAL FINANCIAL OFFICER IS NOT APPOINTED

1.—The Divisional Committee shall prepare estimates of receipts and expenditure for capital and revenue for the area in approved form, and submit them to the Local Health Authority by a date prescribed by them. When such estimates have been approved by the Local Health Authority, a Divisional Committee shall be authorised, subject to the proviso to paragraph 3 of the Third Schedule, to incur expenditure within those estimates, but shall not incur any expenditure in excess of the amounts included under each item thereof without first submitting a Supplementary Estimate for the approval of the Local Health Authority.

2.—The Divisional Committee shall submit claims for liabilities and accounts supported by appropriate vouchers and certified in a prescribed manner to the County Treasurer at monthly intervals for payment.

Provided that a Divisional Committee shall receive an appropriate imprest, from which items of a day-to-day character, and in any case not exceeding £50, may be paid subject to paragraph 1 hereof, without prior approval of the Local Health Authority.

3.—The Divisional Committee shall keep such records of a statistical and financial nature and furnish such returns as may be prescribed at dates fixed by the Local Health Authority. All records shall be available to officers of the Local Health Authority for all purposes including internal audit.

4.—The Local Health Authority will open in their name an account in respect of each Divisional Committee.

5.—All income collected by the Divisional Committee shall be credited to the County Fund.

6.—The County Treasurer shall issue, from time to time, such financial directions as he may deem expedient.

PART II

WHERE A DIVISIONAL FINANCIAL OFFICER IS APPOINTED

1.—Clauses 1, 4, 5 and 6 of Part I of this Schedule shall apply.

2.—The Divisional Financial Officer shall examine and, after approval by the Divisional Committee, pay claims supported by appropriate vouchers at monthly intervals.

3.—The Divisional Financial Officer shall keep such records of a statistical and financial nature as may be prescribed by the Local Health Authority. He shall prepare his accounts on the basis of income and expenditure and submit a statement of income and expenditure for each financial year, together with a balance sheet, to the Local Health Authority not later than the 30th June following the end of the financial year to which it relates.

4.—The Local Health Authority shall make, from time to time, appropriate advances related to the approved estimated expenditure to the Divisional Committee to enable them to discharge their approved liabilities, making a final payment after the end of each financial year.

5.—All records shall be available to officers of the Local Health Authority for all purposes, including internal audit.

COUNTY OF LANCASTER.

HEALTH DIVISIONS



Reference by Letter to detached portions of Rural Districts.

Letter	Name of District
A	BLACKBURN
B	LANCASTER
C	PRESTON
D	WEST LANCASHIRE
E	WIGAN

Non-County Boroughs indicated •

Scale : 8 miles to 1 inch.



INSTRUCTIONS AS TO THE FUNCTIONS, POWERS AND DUTIES OF DIVISIONAL HEALTH COMMITTEES

FUNCTIONS, POWERS AND DUTIES

Subject to the provisions of Clause 12 and the Third Schedule to the Divisional Health Administration Scheme, 1947, the functions, powers and duties of Divisional Health Committees shall be governed by—

- (i) the Standing Orders of the Local Health Authority;
- (ii) the provisions of the Divisional Health Administration Scheme, 1947; and
- (iii) instructions issued from time to time by the Health Committee.

All matters concerning the determination and direction of administrative policy of all Health Services of the Local Health Authority shall be dealt with by the Health Committee.

All arrangements with the Regional Hospital Boards and Hospital Management Committees will be undertaken by the Health Committee on behalf of the Local Health Authority.

DUTIES OF OFFICERS

(a) *Divisional Medical Officer*

The Divisional Medical Officer shall undertake the duties specified in the Fourth Schedule of the Divisional Health Administration Scheme, and as Senior School Medical Officer shall be responsible for the co-ordination and direction of the School Health Service within the Health Division.

Supervisory Officers on the Staff of the County Medical Officer of Health at the Central Office will be available to assist Divisional Medical Officers and to advise with regard to professional appointments.

The arrangements to be made for the Divisional Medical Officer to undertake duties of Medical Officer of Health for any County District within the Division shall be determined between the Health Committee and the County District Council concerned.

He shall prepare in accordance with the instructions of the County Medical Officer of Health an Annual Report on the state of the Health Services within the Division and such other reports as may from time to time be required for submission to the Divisional Committee and the County Medical Officer of Health.

(b) *Clerk to the Divisional Committee*

Acting on behalf of the Clerk of the County Council the Clerk to the Divisional Committee shall:—

- (i) Summon, and prepare agenda for, meetings of the Divisional Committee, and Sub-Committees thereof, copies of such agenda at the same time to be sent to the Clerk of the County Council and the County Medical Officer of Health;
- (ii) Prepare the minutes of the proceedings of all meetings of the Divisional Committee and Sub-Committees thereof, and send copies of such minutes to the Clerk of the County Council and the County Medical Officer of Health within one week after the date of the meeting;
- (iii) Circulate the minutes of the Divisional Committee to all constituent bodies of the Committee within one week after the date of the meeting;
- (iv) Advise the Divisional Committee on all matters of committee procedure, and the application of the Standing Orders and the Regulations of the Local Health Authority;
- (v) Refer to the Clerk of the County Council, as may be considered necessary, all matters requiring legal advice, but no legal action shall be taken without prior reference to the Clerk of the County Council;
- (vi) Undertake such other duties as may be assigned to him from time to time by the Health Committee.

(c) *Divisional Financial Officer*

Such duties as the County Treasurer may define in order to comply with the Sixth Schedule to the Scheme, Part II, and subject to such financial directions as the County Treasurer deems advisable.

STAFF ESTABLISHMENTS

The establishment, qualifications, rates of pay, conditions of service, etc., of all staff engaged in the Local Health Authority's services shall be determined by the Health Committee.

Divisional Committees shall be advised of the authorised establishments assigned to them in respect of each service and recommendations may be made to the Health Committee to amend such establishments as the Divisional Committee may, from time to time, consider necessary.

Where it is considered desirable in the interests of the service the Health Committee may require personnel to carry out duties in one or more Divisions.

STAFF APPOINTMENTS

(a) Divisional Medical Officer

Vacancies in the post of Divisional Medical Officer shall be publicly advertised and appointments made by the Local Health Authority. The Chairman and Vice-Chairman of the Divisional Committee concerned shall be *ex officio* members of the appointing Sub-Committee with power to vote.

(b) Clerk to the Divisional Committee

All appointments shall be made as provided in Clause 13 of the Scheme of Divisional Administration.

(c) Divisional Financial Officer

Any Divisional Financial Officer appointed shall hold office during the pleasure of the County Council and the appointment shall be subject to the agreement set out in Clause 14 of the Scheme.

(d) Specialist Officers and Joint Appointments

All arrangements for the appointment of Specialist Officers, for the employment of Consultants and for joint appointments with the Regional Hospital Boards or other Authorities shall be made by the Health Committee. Divisional Committees will be advised as to the conditions under which such officers are available for service.

(e) Other Staff

All other staff engaged wholly or mainly within a Division shall be appointed by the Divisional Committee within the authorised establishments laid down and subject to such directions as may from time to time be given by the Health Committee.

(f) Generally

All advertisements of vacancies shall be in the name of the Clerk of the County Council. Advertisements of medical and nursing vacancies will be undertaken by the Central Office and applications in respect of appointments to be made by Divisional Committees will be forwarded by the County Medical Officer to the Divisional Medical Officer. Advertisements of other Divisional staff vacancies shall provide for applications to be forwarded direct to the Divisional Medical Officer.

All staff, for superannuation purposes, shall be subject to the directions of the Local Health Authority.

Proposed appointments of persons of forty years of age and over, unless having previous superannuable service sufficient to offset the total number of years by which the age limit is exceeded, must first be approved by the Local Health Authority.

The appointment of officers and other staff (except servants specifically appointed in a temporary capacity) in the service of the Local Health Authority shall be subject to the passing of a medical examination.

In making appointments Divisional Committees shall give consideration to the responsibilities of the Local Health Authority under the Disabled Persons (Employment) Act, 1944.

PREMISES AND ACCOMMODATION

In addition to the provisions of Clause 3 of the Third Schedule to the Divisional Health Administration Scheme, Divisional Committees shall be responsible for making recommendations to the Health Committee as to the acquisition of suitable premises and accommodation required for the efficient performance of the duties and services to be undertaken by them.

All tenancies shall be the subject of an Agreement and such Agreements and the purchase or lease of property or sites, including all other matters concerned with the preparation of legal documents, and all arrangements for the joint user of premises with other County Council services or with other Authorities shall be undertaken by the Clerk of the County Council.

EQUIPMENT AND SUPPLIES

Where standardisation of equipment is desirable, or where there are advantages in bulk or contract purchase, arrangements for obtaining such equipment or supplies will be made by the County Medical Officer of Health on behalf of all Divisional Committees.

Registers, specified forms and other standard types of record shall also be provided by the County Medical Officer of Health for all Divisions.

PROPOSALS FOR THE PROVISION OF SERVICES.—The proposals of the Local Health Authority with regard to the services to be administered by them were duly submitted to the Minister of Health after consideration of representations by the County District Councils and other interested bodies, and, although most of them only received the approval of the Minister during 1948, they are from the point of view of convenience and for record purposes reproduced in the following pages.

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 22

PROPOSALS FOR THE PROVISION OF A SERVICE FOR THE CARE OF MOTHERS AND YOUNG CHILDREN
IN THE ADMINISTRATIVE COUNTY AREA AS APPROVED BY THE MINISTER OF HEALTH ON THE
9TH APRIL, 1948

PART I

STATISTICAL DATA

Mid-1946 Population	1,924,880
Mid-1946 number of children under five	146,620
Number of registered live births:—	

	1945	1946
Legitimate	28,273	33,592
Illegitimate	2,182	1,872
Total	<u>30,455</u>	<u>35,464</u>

EXISTING SERVICE

In the Administrative County the present responsibility for the provision and administration of Maternity and Child Welfare Services is divided and rests with the County Council in the 76 districts for which the Council is the Welfare Authority (1946 population 985,172) and the 33 District Councils which are autonomous as Welfare Authorities (1946 population 939,708).

In the area at present administered by the County Council the services are:—

(a) The Ante-natal and Post-natal Clinics are attended in the main by Consultant Obstetricians, but in a few instances where a Consultant's services are not available, it has been necessary to staff them by Assistant County Medical Officers. Health Visitors and Midwives are in regular attendance at these Clinics. There are also arrangements for expectant and nursing mothers to attend Consultants' Ante-natal and Post-natal Clinics in Hospitals.

(b) The Child Welfare Centres are staffed by full-time Medical Officers, but in a few instances, part-time Officers are engaged. The Health Visitors are in regular attendance at Child Welfare Centres.

(c) Nurseries are supervised by the Medical Officers of the County Council.

(d) No Mother and Baby Homes are administered by the County Council, but arrangements have been made for the accommodation of mothers and/or babies in Homes maintained by Moral Welfare Societies.

(e) Dental treatment, including conservative treatment, is available for expectant and nursing mothers who are referred from Ante-natal Clinics and Child Welfare Centres of the County Council, and dentures are supplied when required, at a reduced cost or free in necessitous cases.

The Maternity and Child Welfare Schemes at present in operation in autonomous areas provide services very similar to those administered by the County Council as a Welfare Authority, except that in a few instances arrangements have been made with General Practitioners for ante-natal and post-natal examinations.

The following statement relates to existing services in the whole of the Local Health Authority's Area:—

Ante-natal Clinics.

(i) Number of clinic premises	77
(ii) Number of expectant mothers who attended in 1946	18,810
(iii) Number of sessions held weekly	79½

Post-natal Clinics.

(i) Number of Clinics	5
(ii) Number of sessions held weekly	2¾

Arrangements made with General Practitioners.

(i) Number of women ante-natally examined (1946)	781
(ii) Number of women post-natally examined (1946)	202

Child Welfare Clinics.

(i) Number of Clinics	167
(ii) Number of sessions held weekly	201¼

Day Nurseries.

(i) Number	45
(ii) Number of places for children	2,020

Residential Nurseries provided under Maternity and Child Welfare powers.

(i) Number	1 (part)
(ii) Number of places for children	10

Mother and Baby Homes.

(i) Number	4
(ii) Accommodation:—	
(a) Mothers.....	54
(b) Babies	53
(iii) Number of Maternity Beds	16

Dental Treatment given in 1946.

	Expectant and Nursing Mothers	Children under Five
Actually treated	889	1,083
Attendances	1,700	1,500
Fillings.....	326	333
Extractions	3,864	1,450
General Anaesthetics	468	436
Other operations	781	926
Supply of dentures:—		
Number of dentures supplied	202	—

PART II

SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY

*A.—General Arrangements**1.—Administrative.*

The service for the care of mothers and young children in the Administrative County will be administered as from the Appointed Day in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947", under which the day-to-day conduct of Part III services of the Act will be undertaken by Divisional Committees.

The Divisional Medical Officers will be assisted by an appropriate number of Assistant Medical Officers, Nurses, etc. The number of staff will be in accordance with the standards laid down by the Local Health Authority, but in the development plan these standards will be subject to review.

The Local Health Authority will consult with the Regional Hospital Boards with regard to arrangements for the joint user of suitable officers in the Hospitals and Maternity and Child Welfare Services.

2.—Joint Arrangements with other Local Health Authorities.

Reciprocal arrangements will be made with other Local Health Authorities where it is found more convenient for mothers and young children to attend the Ante-natal Clinics and Child Welfare Centres of such Authorities.

3.—Arrangements with Voluntary Organisations.

The Local Health Authority will continue and extend as necessary the existing arrangements with the various Moral Welfare Associations.

4.—Liaison with Other Bodies.

The general policy of the Local Health Authority will be to arrange with the Regional Hospitals Boards for Consultants' services at Hospitals and for the attendance of Consultants at Clinics or, where necessary, in the home of the patient for domiciliary consultation. The Consultants' service for women and young children will include the provision of:—

(i) Obstetrical Consultants to be available for consultation at the Ante-natal and Post-natal Clinics and to advise Medical Practitioners in cases of difficulty occurring in the home.

(ii) Pædiatric Specialists to be available for advice at the Maternity and Child Welfare Centres provided by the Health Authority.

The arrangements for Consultants' services in respect of orthopædics, eyes, ears, noses, throats, etc., will be made with the Regional Hospital Boards jointly with the arrangements for the care of school children. In this connection, it is proposed to continue, and, where necessary, extend the existing arrangements.

The Local Health Authority propose to consult the Regional Hospital Boards on the arrangements for the booking of beds for confinement in hospital where required on medical grounds or on social grounds, and for the reception of emergency cases.

B.—Particular Arrangements

The following Clinics and Child Welfare Centres will be operated:—

1.—*Clinics (including Clinics provided by voluntary organisation).*

(a) Ante-natal Clinics:—

(i) Number of Clinics	77
(ii) Number of sessions to be held weekly	80 $\frac{1}{4}$

(b) Post-natal Clinics:—

(i) Number of Clinics	6
(ii) Number of sessions to be held weekly	3

(c) Child Welfare Centres:—

(i) Number of Centres	173
(ii) Number of sessions to be held weekly	204 $\frac{3}{4}$

2.—*Care of Premature Infants.*

Arrangements will be made with the Regional Hospital Boards for Institutional care and for the services of a Pædiatrician in the home where necessary.

All cases of premature birth will be notified forthwith to the Divisional Medical Officer who will take the necessary prompt action including the admission to a suitable hospital, where Institutional care is considered desirable.

The measures taken for domiciliary births will be those advocated in the Ministry of Health Circular 20/44, dated the 22nd March, 1944, including:—

- (a) Where possible, arrangements for the mother and infant to occupy separate bedrooms;
- (b) The provision of suitable equipment for the infant, *e.g.*, hot-water bottles, special feeding bottles and Gamgee tissue;
- (c) The services of a Pædiatrician; and
- (d) The services of a Domestic Help.

3.—*Dental Care.*

(i) The number of Dental Surgeons in the employ of the Local Health Authority who will be available on the Appointed Day will make it necessary to restrict inspection and treatment to those cases specially referred by the Medical Officers in charge of the Clinics and Welfare Centres or by Medical Practitioners, *i.e.*:—

(a) The Obstetricians and Medical Officers in charge of the Ante-natal and Post-natal Clinics will refer to the Dental Surgeons at the Local Health Authority Clinics any mothers for whom treatment is considered necessary;

(b) Nursing mothers and young children referred by General Medical Practitioners will be treated at the Local Health Authority Clinics;

(c) The Medical Officers in charge of the Child Welfare Centres will refer to the Dental Surgeons at the Local Health Authority Clinics any mothers and children requiring dental treatment.

(ii) It is not possible to state exactly the number of Dental Surgeons available for Maternity and Child Welfare work in terms of full-time Officers, but all Dental Surgeons employed by the Local Health Authority will be able to take part in this work and will continue to give priority to nursing and expectant mothers and young children. The number of Dental Surgeons who will be employed by the Local Health Authority will be 35 full-time and 15 part-time, and also one part-time Orthodontist.

(iii) The number of routine sessions for all purposes will average eight per week per Dental Surgeon. Arrangements will be made for mothers to receive dental treatment at the Clinics at times other than those when school children are in attendance. Young children will be treated at either mothers' or children's sessions.

(iv) The Local Health Authority will arrange for the supply of dentures to expectant and nursing mothers through private Dental Practitioners.

4.—*Supply of Welfare Foods.*

Mothers and babies will normally obtain supplies of national dried milk, cod liver oil and fruit juice from the Local Office of the Ministry of Food. Where the Ministry of Food have not set up separate offices, the facilities which have been extended in the past to Officers of the Ministry of Food at Child Welfare Centres will continue to be given.

Stocks of special foods will be kept at Welfare Centres for mothers and young children who require them for medical reasons.

5.—*Provision of Maternity Outfits.*

The arrangements already in force for providing maternity outfits through the domiciliary midwifery service in the whole of the present midwifery area of the County will be extended to cover the whole of the area of the Local Health Authority.

6.—*Nursery Provision.*

(a) Day Nurseries will continue to be provided in districts where there is a demand for women in industry, and be extended according to demand.

(b) Nursery accommodation on a residential basis will continue to be provided for children of mothers who are ill, undergoing confinement or who are admitted to Hospital and will also be made available for deprived children for whom the County Children's Committee desire admission. At the present time there is one Nursery which provides residential accommodation for 10 children in addition to accommodation for 30 day children. Negotiations are in hand for the establishment of two Residential Nurseries to accommodate 87 children, and it is hoped that these will be in operation on the Appointed Day. It is intended that these nurseries, both long and short stay, shall be provided in discharge of the duty which will be placed on the County Council if the Children Bill now before Parliament is passed, and shall be administered in the manner provided in that legislation and any Regulations made thereunder.

(c) It is not intended to organise arrangements for registered daily guardians, crèches in Infant Welfare Centres, etc.

7.—*Care of Unmarried Mothers and their Children.*

The existing arrangements with Voluntary Associations for Moral Welfare for the admission of mothers and babies to Homes administered by those bodies and the arrangements which have also been made with the Associations for the supervision and care of the unmarried mother and child in the home and community will all continue in operation.

PART III

DEVELOPMENT PLAN

It has already been indicated in relation to the services which will operate on the Appointed Day the lines on which future development will take place. It is, however, not possible to indicate even the approximate dates of the stages by which the Local Health Authority will be able to implement the plan. Much depends on the adequacy of the supply of Specialists by the Regional Hospital Boards and upon the arrangements which can be made with the Boards for the joint user of staff. The Dental Service will be extended as and when possible until it is sufficient to meet all requirements, with a view in particular to adequate facilities being provided for every expectant mother to be examined by a dentist following her first attendance at an Ante-natal Clinic, for the periodical examination of children under the age of five, and for the necessary treatment to be provided, particular attention being given to conservative treatment.

It will be appreciated that in the development of the services of the Local Health Authority, a great deal will depend upon the activities of the University Medical Schools and upon the recruitment of Specialists by the Regional Hospital Boards.

On the Appointed Day there will be in operation 43 day nurseries. Proposals for the setting up of further day nurseries have already been considered, and it is hoped that by July, 1949, 10 of these, providing 444 places, will have been set up. The setting up of a further two residential nurseries has also been approved in principle, and it is hoped that these will be in operation by July, 1949.

The development plan envisages the setting up of Health Centres which will be used for a variety of purposes, including Maternity and Child Welfare and Ante-natal and Post-natal work. The plan for the extension of Clinics and Welfare Centres will, therefore, be co-ordinated with Health Centre development. It is not possible at this stage to give any indication even of approximate dates with regard to the building of Health Centres.

Use has been made in the past as a temporary measure, where the building of new premises was not practicable, of buildings such as church halls on a sessional basis for Child Welfare and Ante-natal work or alternatively suitable premises have been adapted for the purpose and this policy will be continued.

Plans have been approved for the building of one new Child Welfare Centre which it is hoped will be completed by July, 1949.

The arrangements with Voluntary Associations for Moral Welfare for the supervision and care of the unmarried mother and her child will be extended as and when necessary.

SECTION 23

PROPOSALS FOR THE PROVISION OF A MIDWIVES SERVICE IN THE ADMINISTRATIVE COUNTY AREA, AS APPROVED BY THE MINISTER OF HEALTH ON THE 14TH MAY, 1948.

PART I

STATISTICAL DATA

The domiciliary births which occurred in the area of the Local Health Authority during the years 1945 and 1946 are as stated below:—

1945	13,465
1946	15,670

EXISTING SERVICE

The County Council are at present responsible for the provision and supervision of the domiciliary midwifery service in the whole of the Administrative County with the exception of the Boroughs of Darwen, Eccles, Leigh and Stretford. The County Council fulfil their obligations under the Midwives Act, 1936, relating to domiciliary midwifery (a) by the direct employment of 193 whole-time midwives, including relief midwives, and (b) by arrangement with 60 District Nursing Associations who undertake the work by the employment of 100 nurse-midwives, the County Nursing Association undertaking the provision of appropriate reliefs.

In the areas of three of the autonomous Authorities mentioned above (Eccles, Leigh and Stretford) the work is carried out by 19 midwives employed directly by the Authorities. In the case of Darwen, one midwife is employed directly by the Authority and three nurse-midwives are employed by the local District Nursing Association in domiciliary midwifery work.

During the year 1946, County Council midwives attended 11,520 domiciliary births; midwives employed by the four autonomous Authorities 1,111; and nurse-midwives employed by District Nursing Associations 2,222.

PART II

SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY

General Administrative Arrangements

The midwives service in the Administrative County will be administered as from the Appointed Day in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947", under which the day-to-day conduct of Part III services of the Act will be undertaken by Divisional Committees.

Each midwife will be allotted a defined area within a Health Division. The number of midwives employed in each Division will be such that it will be possible to establish a system of reliefs within the Division.

The basis of staffing in urban areas will be one midwife per 66 estimated births. In rural areas where geographical considerations arise the number of midwives will be proportionately greater and will be determined by experience already gained. Nurse-midwives will also be employed in rural areas and in the division of their duties it will not be possible to fix precisely the equivalent number in terms of whole-time midwives.

Midwives will undertake ante-natal consultations in their own homes wherever appropriate. Each midwife will be provided with a telephone and also uniform and equipment which will include both a midwifery bag and a maternity nursing bag.

Arrangements will be made with the Regional Hospital Boards for every midwife in the employ of the Local Health Authority to attend refresher courses in hospitals at intervals of not more than five years.

All midwives will be employed directly by the Local Health Authority (except that where the Authority consider that it will be expedient as a transitional measure to make arrangements with Nursing Associations for them to continue for the time being to employ midwives for the service under Section 23, the Authority will seek to make arrangements to that end), and they will be whole-time officers. If at some future date it becomes desirable or necessary to employ part-time midwives, such midwives as are available will be engaged.

The number of midwives who will be employed on the Appointed Day will be:—

Whole-time	213
Nurse-Midwives	100

Arrangements will be made with the Nursing Associations within the Administrative County for the transfer to the staff of the Local Health Authority of nurse-midwives.

The Local Health Authority will also enter into negotiations with the County Nursing Association and District Nursing Associations for the utilisation of the premises now occupied by the Associations for the accommodation of nurse-midwives.

Where appropriate joint arrangements will be made with other Local Health Authorities.

Arrangements for the Supervision of Midwives

The supervision of midwives will be undertaken by the County Supervisor of Midwives and the Assistant County Supervisor. These officers will be non-medical Supervisors working under the direction of the County Medical Officer.

The co-ordination of the Midwifery, Health Visiting and Home Nursing Services will be effected by placing all three services under the control of a Medical Officer on the Headquarters Staff of the County Medical Officer of Health and directly responsible to him.

Transport

The Local Health Authority will encourage all midwives to use motor cars for their work. Approximately 75 per cent. of whole-time midwives employed on the Appointed Day will be in possession of motor cars. Where a midwife not in possession of a car is required urgently to attend a case, she will have the right to engage any means of transport which is available.

Analgesia

The Local Health Authority will secure that as many midwives as possible shall be trained in approved methods of Analgesia. Of the midwives who will be in the employ of the Local Health Authority on the Appointed Day, 189 have already received training in Gas/Air Analgesia, and apparatus has been supplied to 170. As regards midwives not yet trained, the Local Health Authority will continue to grant leave of absence for the necessary period of training as circumstances permit.

PART III

DEVELOPMENT PLAN

In the urban areas the basis of the establishment of whole-time midwives will continue to be one midwife per 66 births and adjustments will be made from time to time in accordance with this standard.

In the rural areas the number of whole-time midwives and nurse-midwives will be periodically adjusted to meet the demand.

Steps will continue to be taken to secure the provision, either by the Local Health Authority or Local Housing Authorities, of houses for occupation by midwives.

SECTION 24

PROPOSALS FOR THE PROVISION OF A HEALTH VISITING SERVICE IN THE ADMINISTRATIVE COUNTY AREA AS APPROVED BY THE MINISTER OF HEALTH ON THE 1ST APRIL, 1948

PART I

STATISTICAL DATA

Mid-1946 Population	1,924,880
Area in square miles	1,621
Number of births in 1946	35,464

EXISTING SERVICE

The health visiting arrangements provide for visits to the home at an early date after notification of birth, and for re-visits at regular intervals or more frequently if necessary. The present service is provided directly by the County Council in the County Maternity and Child Welfare Area and by 33 autonomous Welfare Authorities in their respective areas. There are no arrangements for the provision of health visiting services through the agency of other bodies. The number of health visitors employed in the Administrative County Area, which includes the present autonomous Welfare Authorities' Areas, is 178. The health visitors are also school nurses, and devote approximately half of their time to each of the two services.

PART II

SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY

General Administrative Arrangements

The existing Welfare Centre and domiciliary visiting arrangements will be maintained and administered as from the Appointed Day in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947", under which the day-to-day conduct of Part III Services of the Act will be undertaken by Divisional Committees.

In pursuance of the Act, the scope of the service will be the visiting of persons in their own homes for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.

The number of health visitors contemplated for each Division is such that arrangements for relief duty for holidays and sickness, etc., can be made divisionally.

The Local Health Authority will provide the Health Visiting Service by the employment of whole-time nursing personnel. In general, these whole-time officers will also be employed as School Nurses, part-time, but for geographical reasons in certain rural areas it may be found desirable to employ nursing personnel engaged in home nursing and/or midwifery for health visiting, part-time.

The number of health visitors who will be employed by the Local Health Authority on the Appointed Day will be 185.

It is not contemplated that any arrangements with voluntary organisations will be necessary for the provision of health visiting personnel.

No joint arrangements will be necessary with other Local Health Authorities.

Transport

The policy has been to encourage health visitors to use cars in the performance of their duties. This policy will be continued and will be extended to all the health visiting staff now in the employ of autonomous Welfare Authorities and transferred to the Local Health Authority.

PART III
DEVELOPMENT PLAN

The whole of the area of the Local Health Authority will be covered by a health visiting service and it will be the policy to increase this service as necessary.

SECTION 25

PROPOSALS FOR THE PROVISION OF A HOME NURSING SERVICE IN THE ADMINISTRATIVE COUNTY AREA, AS APPROVED BY THE MINISTER OF HEALTH ON THE 14TH MAY, 1948

PART I

STATISTICAL DATA

Mid-1946 Population.....	1,924,880
Area in square miles	1,621

EXISTING SERVICE

At the present time home nursing, apart from tuberculosis nursing, is provided entirely by Voluntary Organisations, particulars of which are given below:—

	Number of Associations	Number of Whole-time Nurses
Associations practising solely in the Administrative County:—		
Lancashire County Nursing Association.....	1	8 (plus 18 part-time)
District Associations	148	254
Associations practising in the Administrative County from the areas of other Local Health Authorities:—		
Lancashire County Boroughs	6	9
Other Administrative Counties	2	2
	<u>157</u>	<u>273</u>

Of the 148 District Nursing Associations located in the Administrative County, 137 are affiliated to the Lancashire County Nursing Association whose functions include those of representing the Associations centrally at the Queen's Institute, entering into discussions with the County Council on matters of major importance, providing professional inspection and supervision, and undertaking the supply of relief nurses as required.

Some 60 of the above-mentioned District Nursing Associations, employing 100 nurse-midwives, undertake domiciliary midwifery on behalf of the County Council.

PART II

SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY

General Administrative Arrangements

The home nursing service will as from the Appointed Day be administered in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947", under which the day-to-day conduct of Part III Services of the Act will be undertaken by Divisional Committees.

Arrangements will be made with the Lancashire County Nursing Association and District Nursing Associations for the transfer to the staff of the Local Health Authority on the Appointed Day of all nurses resident in the Administrative County employed whole-time by such Associations immediately before that day, except that where the Authority consider that it will be expedient as a transitional measure to make arrangements with those Associations for them to continue for the time being to employ nurses for the service under Section 25, the Authority will seek to make arrangements to that end.

Each nurse, or group of nurses, will operate in a defined area. Appropriate arrangements will be made in each Health Division for reliefs, for off-duty time and for holidays.

For those parts of the Administrative County which have hitherto been covered by Nursing Associations located within the areas of other Local Health Authorities, arrangements will be entered into with those Authorities or Associations or new nurses will be recruited for the continuance of existing services.

Furnished accommodation is provided by 72 District Nursing Associations, who will be asked to allow such accommodation to remain at the disposal of nurses subject to terms to be agreed between the Associations and the Local Health Authority. The policy of the Local Health Authority will be either to provide accommodation for individual nurses, or to set up hostels for the joint use of nurses, midwives and other nursing staff employed by them.

Telephones will be provided for all nurses, and all necessary uniform and equipment will be provided.

The basis of staffing on the Appointed Day in each Health Division will not be less than that obtaining in the case of the Voluntary Nursing Associations now operating in the Administrative County. Additions to this staff will be made according to the future demands which will be made upon the service either by the use of full-time nurses or part-time nurses living within the Health Division.

Where appropriate, joint arrangements will be made with other Local Health Authorities.

The supervision and inspection of district nurses will be undertaken by a Superintendent of Home Nursing with appropriate assistance. These officers will be on the staff of the County Medical Officer.

It will be a condition of appointment of the Superintendent of Home Nursing and her assistants that they have undergone a course of district training with the Queen's Institute of District Nursing, or some other approved course of training.

The co-ordination of the midwifery, health visiting and home nursing services will be effected by placing all three services under the control of a Medical Officer on the Headquarters staff and directly responsible to the County Medical Officer of Health.

In addition, it is hoped that Voluntary Nursing and Welfare Committees will be established in each Health Division. These Committees would be concerned with welfare work outside the scope of the activities of the Local Health Authority and could be recruited in the first instance largely from members of the present District Nursing Associations.

Transport

At present 62 Associations provide 76 motor cars and 13 nurses have their own cars. Negotiations will be entered into with the Associations for these vehicles to be available for their present purpose. The policy of the Local Health Authority in regard to transport for home nursing will be to encourage nurses to use motor cars for their work.

PART III

DEVELOPMENT PLAN

It is proposed to increase the number of nurses employed on the appointed day, *viz.*, 273 by 50. By this means a more adequate nursing cover for the whole of the area will be achieved. These nurses will be recruited as and when available.

SECTION 26

PROPOSALS FOR THE PROVISION OF VACCINATION AND IMMUNISATION SERVICES IN THE ADMINISTRATIVE COUNTY AREA, AS APPROVED BY THE MINISTER OF HEALTH ON THE 1ST JUNE, 1948

PART I

STATISTICAL DATA

Total mid-1946 population of area	1,931,140
Mid-1946 child population of area	
(a) Under 5	146,620
(b) Ages 5-15	253,920
Number of registered live births in area	
(a) 1945.....	30,455
(b) 1946 (est.)	35,471
Estimated percentage of mid-1946 child population who had been immunised against diphtheria up to 31st December, 1946:—	
(a) Under 5	49.2
(b) Ages 5-15	74.3
Estimate of number of vaccinations against smallpox and immunisations against diphtheria which are likely to be undertaken in the year to 31st March, 1949:—	
Vaccinations	9,600
Immunisations—	
(a) Primary	25,000
(b) Reinforcement injections	30,000

PART II

(1) DIPHTHERIA IMMUNISATION

(a) *Children under Five.*

The Lancashire County Council, being the Local Health Authority, will make adequate arrangements for the immunisation of children under the age of five years. Both sessional and individual arrangements will be available.

The duty of securing that children under the age of five years are brought forward for immunisation will be placed upon the health visiting staff, who will present children under the age of one year for primary immunisation, and again shortly before their entry to school for a reinforcing injection.

Diphtheria Immunisation sessions will be held at Child Welfare Centres, and where necessary at other centres. Health Visitors will attend the sessions and assist in the work.

Instruction in the importance of artificial immunisation against diphtheria will be given to parents by Health Visitors at Welfare Centres, during their routine home-visits and by special visits whenever necessary. Similarly, midwives during their period of attendance upon patients will also give advice.

Information relating to immunisation and the facilities available will be made known to the public by means of posters and leaflets, supplemented by advice by Health Visitors, School Nurses and Teachers, etc.

The Health Education Service provided by the County Council will be used for maintaining local propaganda and for disseminating national publicity material.

(b) *Children of School Age.*

The County Council will make sessional arrangements at appropriate centres, including schools if necessary or in conjunction where appropriate, with such arrangements for children under school age.

The same facilities for individual immunisation as for children under five will apply to school children also. The co-operation of school teachers and persons engaged in the school medical service will be sought in encouraging immunisation.

The measures taken by the Council for informing and advising the public about immunisation and facilities for it, as referred to above, will be equally applied as regards children of school age.

In connection with the arrangements regarding school children, systematic provision will be made for administering reinforcing injections as required during the period of school-life.

(c) *Records and Payment of Fees.*

General medical practitioners and whole-time Public Health Medical Officers will be required to keep records in the prescribed form. These records will be such as will enable the County Council to furnish all returns required by the Minister of Health.

The County Council will remunerate general medical practitioners according to the rates agreed between the Minister and the profession. It will be a condition of payment that the prescribed records are kept and furnished as required.

(d) *Medical Arrangements.*

*The County Council will give an opportunity to every practitioner in their area, whether or not providing general services under Part IV of the Act, to provide service under their arrangements for diphtheria immunisation. They will also make use, as necessary, of medical officers in the service of the County Council and of the County District Councils.

The County Medical Officer of Health will be responsible for the over-all supervision of the scheme, but the Divisional Medical Officer of each Health Division to be established for the local management of the Health Services detailed in Part III of the National Health Service Act, 1946, will act as his representative.

The day-to-day conduct of the service will be the responsibility of the whole-time Public Health Medical Officers in the service of County District Councils and the County Council, as may be appropriate.

(2) SMALLPOX

(a) *Infant Vaccination.*

The Lancashire County Council, being the Local Health Authority, will make adequate arrangements for the vaccination of infants. Both sessional and individual arrangements will be available. The duty of securing that infants are presented for vaccination will be placed upon the Health Visiting Staff.

Vaccination sessions will be held at Child Welfare Centres and elsewhere as appropriate.

Midwives and Health Visitors will encourage mothers to have their babies vaccinated at an early age.

Posters will be displayed in Child Welfare Centres stressing the importance of early vaccination and indicating the facilities available.

The Health Education Service provided by the County Council will be used for maintaining local propaganda and for disseminating national publicity material.

(b) *Records and Payment of Fees.*

General Medical Practitioners and whole-time Public Health Medical Officers will keep records in the prescribed form and furnish returns to the County Council as required.

The payments made to general medical practitioners will be those agreed between the Minister and the profession.

(c) *Arrangements in the event of an Outbreak of Smallpox.*

In the event of a large emergency demand for public vaccination or re-vaccination, Emergency Vaccination Stations will be established at Health Centres, Clinics, etc., and the whole of the resources of the County Council and the County District Councils, supplemented by the employment of general medical practitioners, will be brought into operation.

Arrangements will also be made for the public to be advised about vaccination (or re-vaccination) as a precaution, and to be fully informed of all the facilities available, including the services of the family doctor. Arrangements under this heading will be co-ordinated with the County District Councils responsible under the Public Health Act for the control of infectious disease.

(d) *Medical Arrangements.*

The same arrangements will apply as referred to under the heading of Medical Arrangements regarding diphtheria immunisation.

(3) WHOOPING COUGH

The County Council will consider, subject to the recommendation of the County Medical Officer of Health, the continuance or development of arrangements for inoculation against whooping cough. If such arrangements are made the County Medical Officer of Health will be responsible for the choice of antigen(s) to be used and for keeping such records as will enable the value of this type of inoculation to be assessed.

SECTION 27

PROPOSALS FOR THE PROVISION OF AN AMBULANCE SERVICE IN THE ADMINISTRATIVE COUNTY AREA, AS APPROVED BY THE MINISTER OF HEALTH ON THE 11TH MAY, 1948

PART I

(1) STATISTICAL DATA

Mid-1946 Population	1,924,880
Area in square miles	1,621

(2) EXISTING AMBULANCE SERVICES

The detailed statement of each existing Ambulance Service operating in the Administrative County, as required by the Minister of Health in Circular 66/47, dated the 3rd April, 1947, has been prepared for submission to the Minister as a separate document.

PART II

(1) SERVICE WHICH WILL OPERATE FROM THE APPOINTED DAY

The Ambulance Service will provide for all types of illness, and be under the supervision of the County Medical Officer of Health as "County Ambulance Officer", and a County Ambulance Service Organiser is to be appointed. The Administrative Headquarters will be at the County Offices, Preston, but the day-to-day operation of the service will be entrusted to Divisional Health Committees to be established for the local management of the Services detailed in Part III of the National Health Service Act, 1946.

The Ambulance Service will be operated by the County Council except in certain instances where, in the interests of economy and efficiency, agreements are to be entered into with other Local Health Authorities for the use of their ambulances in adjoining parts of the Administrative County. Mutual assistance arrangements will also be made with all adjoining Local Health Authorities. Resort will also be made in a few cases to the use of Agency services.

In addition to the arrangements with other Local Health Authorities detailed in the tables below, arrangements may be made with the County Borough Councils of Blackpool, Liverpool, Manchester and Salford for the continued provision as a temporary measure of the ambulance services in certain parts of the County at present served by those Councils.

In general, ambulances will be provided on the basis of one vehicle to 15,000 population, but varying with the type of area served. Ambulance depots will be located, wherever possible, at or near Fire Stations, in order that facilities common to both services may be available. It is intended that each depot, as far as possible, shall accommodate not less than two vehicles. The operational range of an ambulance will be approximately six miles in urban localities, but necessarily greater in rural localities. Maintenance and servicing will be carried out on an area basis, and, wherever practicable, in association with other services using motor vehicles.

The necessary technical and clerical staff will be appointed. Staff will also be provided on the basis of one driver and one attendant for each ambulance per eight-hour period, *viz.*, a two-ambulance depot providing a 24-hour service will have a whole-time staff of 12, including the Station Officer, but any deficiency in this general formula will be made good by the use of volunteers and/or personnel on a retaining fee. Uniform conditions of service will be prescribed.

The method of summoning assistance for ambulance cases is as follows:—

In *urgent* cases, it will be by a telephone message to a depot providing a 24-hour service. Urgent cases will include:—

- (a) Accidents, whether occurring on the street or elsewhere;
- (b) Cases of illness occurring on the street, in public places or in places of employment, etc.;
- (c) Cases of parturition, if application is made by the medical practitioner or by the certified midwife who must accompany the patient.

A *non-urgent* case will be removed only after the medical practitioner in charge of the case has made arrangements for its reception at Hospital, and a case returning from Hospital will be removed only at the request of the Hospital.

Infectious disease cases will be removed to Hospital only after arrangements for their reception have been made.

Where *out-patients* require transport to Hospital, the Hospital will make the necessary arrangements with the appropriate ambulance depot.

Arrangements will, if necessary, be made with the organisers of any voluntary Hospital Car Service operating in the County, for the provision of sitting-case car services.

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking, the Local Health Authority propose to arrange accordingly.

The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County informed of the action to be taken to call an ambulance.

The Council will make arrangements for securing that, as far as possible—

(i) all ambulance drivers and attendants shall hold the first-aid certificate of the St. John Ambulance Association or the British Red Cross Society, or the St. Andrew Ambulance Association or such other first-aid qualification as may be approved or prescribed by the Minister of Health;

(ii) all such drivers and attendants shall be so trained as to be interchangeable in their duties.

The proposals for the operation of the Ambulance Service are detailed below in respect of each Health Division. The areas of service will be varied from time to time, as experience shows to be desirable. The figures of staff represent the whole-time establishments. Full use will be made of volunteers and these numbers will be provided as experience shows to be necessary:—

HEALTH DIVISION No. 1

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Population, 1939
		Ambulances	Cars			
1	Ambulance Station, Grange	1	—	Retained Staff	Grange	3,050
					Ulverston (R.)—	
					Haverthwaite	900
					Upper Holker	190
					Lower Holker	1,476
					Upper Allithwaite	725
					Lower Allithwaite	1,330
					Staveley	448
					Broughton East	221
					Cartmel Fell	376
						8,716
2	Ambulance Station, Old Hall Road, Ulverston	3	1	8	Ulverston	10,006
					Dalton-in-Furness	10,882
					Ulverston (R.)—	
					Dunnerdale-with-Seathwaite	195
					Coniston	1,050
					Torver	248
					Broughton West	1,034
					Blawith	147
					Satterthwaite	299
					Colton	1,041
					Angerton	41
					Kirkby Ireleth	1,404
					Subberthwaite	78
					Lowick	261
					Pennington	1,395
					Osmotherley	319
					Mansriggs	38
					Egton-with-Newland	961
					Urswick	1,230
					Aldingham	945
					Birkrigg Common, etc.	8
						31,582
	Ambleside	—	—	—	Ulverston (R.)—	
	(Service to be provided by Westmorland County Council)				Skelwith	265
					Hawkshead	614
					Claife	490
						1,369

Station No. 1.

The appointment of whole-time staff for telephone and control purposes in conjunction with Fire Service will be considered.

HEALTH DIVISION No. 2

Ambu- lance Station No.	Location of Station	No. of Vehicles		No. of Whole- time Staff	Area of Service	Popu- lation, 1939
		Ambu- lances	Cars			
1	Lancaster	2	1	7	Lancaster (B.) Lancaster (R.)— Priest Hutton Ashton-with-Stodday Scotforth Thurnham Ellel..... Cockerham Over Wyresdale..... Lunesdale (R.)	51,261 204 103 238 497 1,634 489 619 7,277 62,322
2	Fire Station, Morecambe	3	1	12	Morecambe and Heysham (B.) Carnforth Lancaster (R.)— Silverdale Yealand Redmayne Yealand Conyers Warton Bolton-le-Sands Slyne-with-Hest Middleton Heaton-with-Oxcliffe Overton	33,748 3,336 1,200 198 331 1,642 1,803 1,393 263 285 340 44,539

Station No. 2.
Includes ambulances and personnel transferred from the St. John Ambulance Station.

HEALTH DIVISION No. 3

Ambu- lance Station No.	Location of Station	No. of Vehicles		No. of Whole- time Staff	Area of Service	Popu- lation, 1939
		Ambu- lances	Cars			
1	Fire Station, Fleetwood	2	1	7	Fleetwood (B.).....	25,379
2	Council Offices, Thornton Cleveleys	2	1	8	Thornton Cleveleys Poulton-le-Fylde Preesall Fylde (R.)— Hardhorn-with-Newton Singleton Larbreck Elswick Greenhalgh (part) Garstang (R.)— Stalmine Hambleton Out Rawcliffe	15,731 7,112 2,257 667 600 256 494 197 652 669 653 29,288
3	Kenyon & Son, St. Patrick's Road South, St. Annes-on-Sea (Agency Arrangement)	2	1	—	Lytham St. Annes (B.) Fylde (R.)— Westby-with-Plumptions (part)	30,864 372 31,236
4	Fire Station, Wesham, Kirkham	1	1	5	Kirkham Fylde (R.)— Weeton-with-Preese Westby-with-Plumptions (part) Ribby-with-Wrea Bryning-with-Warton Groenhalgh (part) Medlar-with-Wesham Freckleton Treales Newton-with-Clifton	4,374 320 373 779 1,017 197 2,076 1,771 382 963 12,252

Stations Nos. 1 and 2.

It is intended under the development plan to combine these two services to operate from one new station.

Station No. 3.

Continuance of present agency arrangements pending securing suitable accommodation for an ambulance station.

Station No. 4.

This station primarily for accident cases occurring on the Preston-Blackpool main road.

HEALTH DIVISION No. 4

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Population, 1939					
		Ambulances	Cars								
1	Fire Station, Garstang	1	1	5	Garstang (R.)—						
					Garstang	1,168					
					Pilling	1,537					
					Upper Rawcliffe	585					
					Great Eccleston	734					
					Inskip-with-Sowerby	502					
					Winmarleigh	190					
					Nateby	383					
					Kirkland	310					
					Catterall	457					
					Myerscough (part).....	310					
					Forton.....	815					
					Cabus	472					
					Nether Wyresdale	582					
					Bleasdale	204					
					Barnacre-with-Bonds	1,327					
					Cloughton	518					
					Bilsborough	236					
						10,330					
2	Fulwood	2	1	7	Fulwood	12,369					
					Longridge	4,206					
					Preston (R.)—						
					Lea	3,548					
					Woodplumpton	1,877					
					Broughton	581					
					Barton	1,010					
					Goosnargh	1,308					
					Whittingham	4,956					
					Haighton	226					
					Grimsargh	786					
					Hothersall	115					
					Ribchester	1,521					
					Dutton	230					
					Garstang (R.)—						
					Myerscough (part).....	311					
											33,044
					3	Council Yard, Leyland	2	1	7	Leyland	13,330
Preston (R.)—											
Farington	3,743										
Chorley (R.)—											
Ulnes Walton.....	420										
Croston	1,980										
						19,473					
4	Fire Station, Chorley	3	1	7	Chorley (B.)	30,265					
					Chorley (R.)—						
					Euxton	2,042					
					Eccleston	1,811					
					Charnock Richard	1,169					
					Mawdesley	1,011					
					Heskin	673					
					Coppull	5,247					
					Heath Charnock	1,445					
					Anglezarke	44					
					Heapey	464					
					Wheelton	954					
					Whittle-le-Woods	2,461					
					Clayton-le-Woods	1,375					
					Brindle (part)	462					
					Anderton	995					
					Rivington	178					
					Withnell	2,996					
					Adlington	3,821					
						57,413					

HEALTH DIVISION NO. 4—*continued*

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Population, 1939
		Ambulances	Cars			
5	Fire Station, Walton-le-Dale.....	1	1	6	Walton-le-Dale	14,602
					Chorley (R.)—	
					Cuerden	291
					Hoghton	832
					Brindle (part)	461
					Preston (R.)—	
					Cuerdale	165
					Samlesbury (part)	757
						17,108
6	Fire Station, Penwortham	1	1	6	Preston (R.)—	
					Penwortham	10,917
					Hutton	1,411
					Longton	3,853
					Little Hoole	678
					Much Hoole	668
					Chorley (R.)—	
					Bretherton	731
						18,258

Station No. 1.

Primarily for accident cases occurring on Preston-Lancaster Road (main north road).

HEALTH DIVISION NO. 5

Ambu- lance Station No.	Location of Station	No. of Vehicles		No. of Whole- time Staff	Area of Service	Popu- lation, 1939
		Ambu- lances	Cars			
1	Darwen	2	1	8	Darwen (B.)	32,200
					Blackburn (R.)—	
					Tockholes	405
					Yate and Pickup Bank	351
					Eccleshill	332
						33,288
2	Fire Station, Accrington	3	2	12	Accrington (B.)	40,482
					Church	5,447
					Clayton-le-Moors	7,365
					Oswaldtwistle	12,800
					Burnley (R.)—	
					Altham	824
	66,918					
3	Fire Station, Great Harwood	2	1	7	Great Harwood	11,428
					Rishton	6,304
					Clitheroe (R.)—	
					Whalley	4,549
					Wiswell	568
					Blackburn (R.)—	
Billington	3,581					
	26,430					
4	Fire Station, Clitheroe	2	1	3	Clitheroe (B.)	12,347
					Clitheroe (R.)—	
					Aighton, Bailey and Chaigley	1,339
					Mitton	43
					Pendleton	302
					Mearley	39
					Worston	123
					Downham	251
					Twiston	60
					Chatburn	1,105
					Chipping	841
					Bowland-with-Leagram	188
					Thornley-with-Wheatley	298
						16,936

HEALTH DIVISION No. 5—*continued*

Ambu- Station No.	Location of Station	No. of Vehicles		No. of Whole- time Staff	Area of Service	Popu- lation, 1939
		Ambu- lances	Cars			
	Blackburn (Service to be provided by County Borough Council)	—	—	—	Blackburn (R.)— Liversey Pleasington Mellor Ramsgreave Balderstone Osbaldeston Clayton-le-Dale Salesbury Wilpshire Dinekley Preston (R.)— Samlesbury (part)	2,541 639 1,290 783 406 221 676 329 1,332 93 379 8,689

Station No. 1.

When suitable premises available, this station will replace the existing arrangements with private garage proprietors.

Station No. 3.

Garage accommodation for one vehicle required.

HEALTH DIVISION No. 6

Ambu- lance Station No.	Location of Station	No. of Vehicles		No. of Whole- time Staff	Area of Service	Popu- lation, 1939
		Ambu- lances	Cars			
1	Fire Station, Nelson	3	1	12	Nelson (B.) Brierfield Barrowford Burnley (R.)— Briercliffe Blacko Roughlee Booth Barley-with-Wheatley Booth Goldshaw Booth Old Laund Booth Reedley Hallows	34,803 6,862 4,833 2,585 544 356 259 259 784 864 52,149
2	Ambulance Hall, Colne	2	—	7	Colne (B.) Trawden Burnley (R.)— Foulridge	21,501 2,213 1,403 25,117
3	Ambulance Hall, Padiham	1	1	5	Padiham Burnley (R.)— Higham Ightenhill Northtown Road Sabden Simonstone..... Hapton	10,011 646 172 105 821 1,337 667 1,858 15,617
	Burnley..... (Service to be provided by County Borough Council)	—	—	—	Burnley (R.)— Worsthorne Cliviger Habergham Eaves Dunmoockshaw	1,654 1,637 727 362 4,380

Station No. 2.

Will be an agency service by St. John Ambulance Brigade. The provision of a direct service by the County Council is dependent upon obtaining suitable accommodation for an ambulance station. This may not be available for operation on the Appointed Day.

Station No. 3.

Direct service by Local Health Authority. Additional garage accommodation is required for sitting case car, but service will operate as from Appointed Day, and car provided when garage is available.

HEALTH DIVISION NO. 7

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Population, 1939
		Ambulances	Cars			
1	Crosby	3	2	12	Crosby (B.) Litherland West Lancashire (R.)— Ince Blundell Sefton (part) Thornton Ford	53,135 18,716 472 264 1,290 1,122 74,999
2	Council Yard, Ormskirk.....	3	1	8	Ormskirk Skelmersdale West Lancashire (R.)— Bispham Bickerstaffo Simonswood Aughton Lydiate Altcar Downholland Halsall Scarisbrick Rufford	20,719 6,161 241 1,485 334 3,632 1,641 720 637 2,222 3,024 1,085 41,901
3	Fire Station, Formby	1	—	—	Formby.....	9,774
4	Tarleton	1	—	—	West Lancashire (R.)— Tarleton Hesketh-with-Beaconsall North Meols	2,924 1,796 2,941 7,661
	Merseyside Hospitals Council, Liverpool	—	—	—	The whole of Health Division No. 7	
	Liverpool (Infectious Disease Service to be provided by City Council)	—	—	—	Area to be determined	

Station No. 2.

This service absorbs the three separate services now operating in Ormskirk. Garage accommodation required to be provided on available site. Temporary accommodation can, however, be found adjacent to the Fire Station, so that the scheme will operate as from the Appointed Day.

Station Nos. 3 and 4.

Vehicles and accommodation available.

Merseyside Hospitals Council.

This service, which will be restricted to non-urgent cases attending the Voluntary Hospitals in Liverpool designated as Teaching Hospitals, will be a temporary Agency arrangement on a user and mileage basis, and will not be a service run directly by the Lancashire County Council.

HEALTH DIVISION No. 8

Ambu- lance Station No.	Location of Station	No. of Vehicles		No. of Whole- time Staff	Area of Service	Popu- lation, 1939
		Ambu- lances	Cars			
1	Ambulance Station, Hindley.....	2	1	7	Hindley.....	18,993
					Abram (part)	4,111
					Ince-in-Makerfield	19,729
					Westhoughton (part)	3,000
						45,833
2	Ashton-in-Makerfield	1	1	6	Ashton-in-Makerfield	18,736
	Wigan	—	—	—	Orrell.....	8,676
					Aspull	6,382
					Standish-with-Langtree	8,432
					Upholland	5,879
					Billinge and Winstanley	5,789
					Wigan (R.)	7,946
						43,104

HEALTH DIVISION No. 9

Ambu- lance Station No.	Location of Station	No. of Vehicles		No. of Whole- time Staff	Area of Service	Popu- lation, 1939
		Ambu- lances	Cars			
1	Mill Brow, Widnes	3	2	12	Widnes (B.)	40,347
					Whiston (R.)—	
					Hale	750
					Halewood	2,088
					Warrington (R.)—	
					Cuerdley	86
						43,271
2	Fire Station, Kirkby	1	1	6	West Lancashire (R.)—	
					Maghull	9,392
					Melling	1,469
					Aintree	2,199
					Netherton	3,168
					Sefton (part)	264
					Whiston (R.)—	
					Kirkby	1,686
						18,178
3	County Hospital, Whiston.....	4	2	12	Huyton-with-Roby	38,399
					Prescot	11,336
					Rainford	3,739
					Whiston (R.)—	
					Knowsley	2,815
					Eccleston	6,175
					Whiston	6,180
					Tarbock	615
					Cronton	624
					Rainhill	5,121
					Bold	1,861
					Windle	2,454
						79,319
	Merseyside Hospitals Council, Liverpool	—	—	—	The whole of Health Division No. 9	
	Liverpool	—	—	—	Area to be determined	
	(Infectious Disease Service to be provided by City Council)					

Station No. 1.

The ambulance service will be located at the Fire Station after garage accommodation has been provided. The present arrangements, implemented by additional whole-time staff, will continue until the deficiency in accommodation can be met.

Station No. 3.

Special provision of a Sub-Station at Huyton.

Merseyside Hospitals Council.

See footnote to Health Division No. 7.

HEALTH DIVISION NO. 10

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Population, 1939
		Ambulances	Cars			
1	Fire Station, Newton-le-Willows	3	1	12	Newton-le-Willows	20,773
					Golborne (part)	10,912
					Haydock	10,501
					Warrington (R.)—	
					Burtonwood (part)	1,081
					Winwick (part)	2,007
						45,274
	Warrington	—	—	—	Warrington (R.)—	
					Ponketh	3,349
					Great Sankey	4,219
					Burtonwood (part)	1,081
					Winwick (part)	2,008
					Croft	1,269
					Poulton-with-Fearnhead	4,465
					Woolston	1,797
					Rixton-with-Glazebrook	1,421
						19,609

HEALTH DIVISION NO. 11

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Population, 1939
		Ambulances	Cars			
1	Fire Station, Leigh	3	1	12	Leigh (B.)	45,458
					Tyldesley—	
					Astley	3,500
					Golborne—	
					Lowton	2,933
					Abram—	
					Plank Lane	1,650
						53,541
2	Fire Station, Atherton	3	1	12	Atherton	20,098
					Tyldesley (part)	14,351
					Westhoughton (part)	11,636
						46,085
3	Fire Station, Farnworth	3	1	12	Farnworth (B.)	27,376
					Kearsley	10,213
					Little Lever	4,615
					Worsley—	
					Little Hulton }	5,000
					Walkden	
						47,204
4	Fire Station, Horwich	2	1	7	Horwich	14,995
					Blackrod	3,072
						18,067
	Bolton	—	—	—	Turton	12,173
	(Service to be provided by County Borough Council)					
	Salford	—	—	—	Area to be determined	
	(Infectious Disease Service to be provided by City Council)					

Station No. 1.

The provision of additional garage accommodation is necessary at this station.

HEALTH DIVISION No. 12

Ambu- lance Station No.	Location of Station	No. of Vehicles		No. of Whole- time Staff	Area of Service	Popu- lation, 1939
		Ambu- lances	Cars			
1	Council Yard, Prestwich	3	1	12	Prestwich (B.) Whitefield.....	32,594 12,192 <hr/> 44,786
2	Fire Station, Radcliffe	2	1	8	Radcliffe (B.)	26,951
3	Fire Station, Rawtenstall	3	2	12	Rawtenstall (B.) Haslingden (B.)	27,479 15,777 <hr/> 43,256
4	Ramsbottom	1	1	5	Ramsbottom	15,429
	Bury (Service to be provided by County Borough Council)	—	—	—	Tottington	6,545
	Manchester (Infectious Disease Service to be provided by City Council)	—	—	—	Area to be determined	

Station No. 1.

New ambulance station required to be included in development plan. Present service to operate with increased staff and to absorb the Whitefield Service.

Station No. 4.

Accommodation for vehicles to be provided as part of development plan.

HEALTH DIVISION No. 13

Ambu- lance Station No.	Location of Station	No. of Vehicles		No. of Whole- time Staff	Area of Service	Popu- lation, 1939
		Ambu- lances	Cars			
1	Fire Station, Bacup	2	1	8	Bacup (B.) Whitworth	20,194 7,665 <hr/> 27,859
2	Fire Station, Heywood	2	1	8	Heywood (B.).....	25,063
3	Fire Station, Littleborough	1	1	3	Littleborough Wardle	11,590 4,454 <hr/> 16,044
	Rochdale (Service to be provided by County Borough Council)	—	—	—	Milnrow	8,265

Station No. 1.

New garage required for ambulances as part of development plan, but service will operate from Appointed Day.

HEALTH DIVISION No. 14

Ambu- lance Station No.	Location of Station	No. of Vehicles		No. of Whole- time Staff	Area of Service	Popu- lation, 1939
		Ambu- lances	Cars			
1	Fire Station, Middleton	2	1	8	Middleton (B.)	30,287

HEALTH DIVISION No. 14—*continued*

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Population, 1939
		Ambulances	Cars			
	Oldham (Service to be provided by County Borough Council)	—	—	—	Lees Crompton Royton Chadderton Failsworth Limehurst (R.)— Alt Bardsley Woodhouses	4,258 12,796 14,771 30,571 17,505 795 1,729 695
						83,120
	Manchester (Infectious Disease Service to be provided by City Council)	—	—	—	Area to be determined	

HEALTH DIVISION No. 15

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Population, 1939
		Ambulances	Cars			
1	Fire Station, Eccles	3	1	12	Eccles (B.) Swinton and Pendlebury (B.) Worsley (part)	41,512 40,205 20,309
						102,026
2	Fire Station, Irlam	1	1	6	Irlam	14,031
	Manchester (Infectious Disease Service to be provided by City Council)	—	—	—	Area to be determined	
	Salford (Infectious Disease Service to be provided by City Council)	—	—	—	Area to be determined	

HEALTH DIVISION No. 16

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Population, 1939
		Ambulances	Cars			
1	Highfield House, Urmston.....	2	1	8	Urmston	33,163
2	Ambulance Station Talbot Road, Stretford	5	2	15	Stretford (B.)	51,929
	Manchester (Infectious Disease Service to be provided by City Council)	—	—	—	Area to be determined	
	Salford (Infectious Disease Service to be provided by City Council)	—	—	—	Area to be determined	

Station No. 2.

Special provision to cover industrial accidents arising in Trafford Park.

Existing service to be continued as from Appointed Day, but development plan to include provision for new Ambulance Station when suitable accommodation becomes available.

HEALTH DIVISION NO. 17

Ambu- lance Station No.	Location of Station	No. of Vehicles		No. of Whole- time Staff	Area of Service	Popu- lation, 1939
		Ambu- lances	Cars			
1	Ambulance Station Lord Street, Ashton-under-Lyne	5	2	15	Ashton-under-Lyne (B.)..... Mossley (B.) Audenshaw Denton Droylsden Limehurst (R.)— Littlemoss Waterloo.....	46,534 10,296 12,015 23,275 25,279 632 3,745
	Manchester (Infectious Disease Service to be provided by City Council)	—	—	—	Area to be determined	121,776

Station No. 1.

Special provision of sub-stations at Denton and Droylsden.

(2) DEVELOPMENT PLAN

In order to provide adequately for the conveyance, where necessary, at any time of the day or night, of persons suffering from illness (as defined in Section 79 (1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers from places in the County to places in or outside the County and to meet the Council's obligations to neighbouring Local Health Authorities under arrangements for joint user or for mutual assistance in emergency, the service supplemented by the agency arrangements already mentioned will comprise a total of 106 to 150 ambulances, 51 to 55 sitting-case cars, and 300 to 400 drivers and attendants in addition to the part-time services of hospital employees and of volunteers and retained staff. The Council intend to develop the service up to the minima mentioned as rapidly as circumstances permit. The requirements of the ambulance service will be kept under constant review, and such adjustments as experience shows to be required will be made from time to time within the limits indicated above in the number of ambulances, sitting-case cars and staff. Any increases in the total establishment of vehicles and staff which may be effected under this Development Plan will be deployed at such of the stations as the needs of the service may require. Such temporary redistribution of vehicles and staff between the stations will be made as may from time to time be deemed necessary to ensure the most effective use of the authority's ambulance resources. In some instances new garage accommodation is required to raise the standard of service, but it is not possible, at this stage, to state definitely whether or not such provision will be available by the Appointed Day. Whilst a large building programme is neither required nor contemplated, any long-term plan for the erection of new fire stations would include provision for the ambulance service.

Under present conditions, the rate of replacement of vehicles is difficult to assess, but the development objective is to replace most of the existing ambulances within the next five years.

SECTION 28

PROPOSALS FOR THE PROVISION IN THE ADMINISTRATIVE COUNTY AREA OF A SERVICE FOR THE PREVENTION OF ILLNESS AND FOR THE CARE AND AFTER-CARE OF SICK PERSONS, AS APPROVED BY THE MINISTER OF HEALTH ON THE 22ND APRIL, 1948

PART I

GENERAL ADMINISTRATIVE ARRANGEMENTS

The service for the prevention of illness and for the care and after-care of sick persons in the Administrative County will be administered as from the Appointed Day in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947", under which the day-to-day conduct of Part III Services of the Act will be undertaken by Divisional Committees.

TUBERCULOSIS

It is not proposed at the outset to establish workshops, settlements, hostels or night sanatoria for tuberculous or ex-tuberculous patients, but arrangements will be made with bodies providing such facilities where these prove to be feasible.

The duties of the Divisional Health Committees in relation to care will include the rendering of assistance where housing difficulties arise, the supply of beds and bedding, nursing requisites, nursing appliances and equipment, assistance in securing convalescence facilities and in obtaining suitable employment, the provision of clothing or extra nourishment, and the boarding-out of children of infected families in appropriate cases.

The Voluntary Welfare Committees which are envisaged in each Health Division will engage in such welfare activities for the tuberculous as are outside the scope of the Local Health Authority.

As regards the care and after-care of the tuberculous the Local Health Authority will make arrangements with the Regional Hospital Boards for the joint user of medical specialists responsible for the treatment of tuberculosis.

The Local Health Authority will continue to employ in each Health Division a specialised staff of tuberculosis health visitors, whose duties will include the visitation of patients at their homes, prevention of the spread of infection, arrangements for the examination of contacts, reports on environmental and economic conditions, actual nursing of occasional patients, and, by arrangement with the Regional Hospital Boards, attendance at dispensary sessions in connection with the diagnosis, supervision and treatment of patients.

MENTAL ILLNESS AND DEFECTIVENESS

The prevention, care and after-care of mental illness and defectiveness will be undertaken in accordance with the Scheme of the Local Health Authority for the provision of a Mental Health Service.

OTHER TYPES OF ILLNESS

The Health Education service of the Local Health Authority will continue to undertake work in the prevention of venereal diseases. Arrangements for the effective follow-up of persons under treatment will be made with the Regional Hospital Boards.

As regards other types of illness arrangements will be made with the Management Committees of Hospitals for the notification of the discharge of patients who are in need of after-care. The duty of home visitation and the submission of reports for appropriate action by the Divisional Health Committees will be undertaken by the health visiting staff of the Local Health Authority. Action will also be initiated on the reports of medical practitioners, midwives, home nurses and other health officers on circumstances disclosed during the course of their duties.

The Authority's arrangements concerning the care and after-care of persons, other than those suffering from tuberculosis, will be such as will not fall to be made by the Authority within the scope of provisions of Part III of the National Assistance Act.

PROVISION OF NURSING EQUIPMENT AND APPARATUS

The Local Health Authority will supply Divisional Health Committees with all nursing equipment and apparatus required by patients who are being confined or nursed at home. A schedule will be prepared and the articles listed thereon will be held by each Divisional Health Committee for issue as required.

SECTION 29

PROPOSALS FOR THE PROVISION OF A DOMESTIC HELP SERVICE IN THE ADMINISTRATIVE COUNTY AREA, AS APPROVED BY THE MINISTER OF HEALTH ON THE 27TH FEBRUARY, 1948

PART I

STATISTICAL DATA

Mid-1946 Population.....	1,924,880
Area in square miles	1,621

EXISTING SERVICE

The County Council, as a Welfare Authority, are responsible for the domestic and home helps scheme in 76 County Districts of the Administrative County, responsibility in the remaining portion of the Area resting with the Councils of the 33 Districts autonomous for Maternity and Child Welfare purposes. As regards the 76 Districts within the County Maternity and Child Welfare Area, the scheme is directly administered in 45 Districts by the County Council, and in the remainder by the District Councils concerned under delegated powers. Domestic helps are obtained by advertisements and through the recommendations of mid-wives, nurses, Women's Committees, etc. In two areas it has been possible to allocate health visitors for the purpose of organising the scheme.

The domestic helps employed include:—

- (i) Whole-time helps paid on a salaried basis.
- (ii) Part-time helps paid on an hourly basis and receiving a retaining fee.
- (iii) Part-time helps, whose availability for duty is limited and who do not receive a retaining fee.

Domestic and home helps schemes have been set up generally on similar lines by 20 of the 33 autonomous Welfare Authorities in the Administrative County Area.

The present position regarding the number of helps employed is as follows:—

	Number of County Districts served	Number of helps Full-time	Part-time on retaining fee
(a) County Welfare Area—			
(i) 45 Districts under County Council	23	—	36
(ii) 31 Districts with delegated powers	17	4	63
(b) 33 Autonomous Districts	20	25	63
	—	—	—
	60	29	162
	==	==	==

PART II

SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY

General Administrative Arrangements

The general administrative arrangements as from the Appointed Day will be in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947", under which the day-to-day conduct of Part III Services of the Act will be undertaken by Divisional Committees.

It is intended to employ a full-time organiser in each Health Division. For the efficient working of the scheme, the organisers will be encouraged to use motor cars in the execution of their duties.

It is not possible to state the number of domestic helps who will be in employment on the Appointed Day but it is anticipated that it will be, at least, equal to the number now employed.

Indoor-uniform will be provided for all domestic helps employed on a whole-time basis and for those part-time helps who are eligible to receive a retaining fee.

All domestic helps entering the service will be employed under conditions of service as laid down by the National Joint Council for Staffs of Hospitals and Allied Institutions. Domestic helps at present on the staff will be given the option of accepting these conditions of service or of remaining on their existing conditions of service as a whole.

The payment of retaining fees will be continued.

The arrangements for rural areas will generally be similar to those for urban areas, although it is anticipated that the domestic helps employed will be "part-time", and that the retaining fee will only be paid in the more densely populated areas.

Reciprocal arrangements will be made with other Local Health Authorities when necessary.

PART III DEVELOPMENT PLAN

As mentioned in Part II it is not possible to state the number of domestic helps who will be in employment on the Appointed Day, but it is anticipated that to cover the whole area it will be necessary to employ 400 helps other than those who may be available for limited periods of service. Efforts will be made to recruit these by April, 1949.

SECTION 51

PROPOSALS FOR THE PROVISION OF A MENTAL HEALTH SERVICE IN THE ADMINISTRATIVE COUNTY AREA, AS APPROVED BY THE MINISTER OF HEALTH ON THE 6TH APRIL, 1948

PART I STATISTICAL DATA

Mid-1946 population	1,924,880
Number of patients at present chargeable under Lunacy and Mental Treatment Acts	4,726
Number of patients dealt with under those Acts by Relieving Officers in the year 1946	1,361
Number of defectives ascertained as subject to be dealt with in the year 1946.....	65
Number of persons reported as mentally defective in the year 1946	81

PART II SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY *General Administrative Arrangements*

The Health Committee of the Local Health Authority have set up a Mental Health Sub-Committee to deal with their mental health services.

The Local Health Authority will appoint a Medical Officer with special knowledge and experience of mental illness and mental defect, able to advise on mental health matters, to act under the County Medical Officer of Health, who will be responsible for the organisation and control of the mental health service. To assist such Medical Officer, a Psychiatric Social Worker will be appointed.

Where practicable, a system of mutual aid and interchange of the services of officers will be operated with other Local Health Authorities in order that the fullest use can be made of the very limited facilities available.

Medical

In each Health Division to be set up and administered as from the Appointed Day in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947", the Divisional Medical Officer and his assistants will be responsible for the routine work of the mental health service. In particular, it will be their duty to secure the ascertainment of mental defectives within the Division, and to see that appropriate action is taken in respect of cases of mental illness.

Arrangements will be made with the Manchester and Liverpool Regional Hospital Boards for the employment of specialist Medical Officers on occasions when circumstances render this necessary.

Non-Medical

Two whole-time non-medical mental health visitors, one male and one female, will be appointed for each Health Division, and will be engaged in the care and after-care of persons suffering from mental illness or mental defect. They will be available, to the extent the Regional Hospital Boards may desire, for work in connection with those cases of mental illness and mental defect which are primarily the responsibility of the Regional Hospital Boards.

The non-medical mental health visitors will also act as duly authorised officers, and be given the status of social welfare workers. Initially, recruitment will be from existing staff and from suitable relieving officers, to whom preliminary training will be given. Ultimately it is proposed to employ qualified social workers with some training in mental health work.

At the present time, occupation centres are located at Manchester, Wigan, St. Helens, Liverpool, Warrington, Blackpool, Preston, Blackburn, Burnley, Oldham, Stretford, Huyton and Lancaster, and at the commencement of the service there will be joint user thereof with other Local Health Authorities, although each centre will be administered by the Authority in whose area it is located. It is proposed, as development of the service proceeds, to provide an occupation centre in any Health Division where the circumstances warrant such a provision. In each centre, there will be two instructors, and, where necessary, a third will be appointed, to be available for the training of defectives at home.

AMBULANCE SERVICE

The ambulance service to be established by the Local Health Authority will be available for the mental health service.

SANITARY CIRCUMSTANCES OF THE COUNTY

Water Supply.—The populous portions of the Administrative County are well provided with a constant, plentiful, pure and wholesome water supply. The County rural districts also have satisfactory public water supplies available for the bulk of the population, but there are a number of parishes, or parts of parishes—and also isolated units in some urban districts—where the supply is inadequate and unsatisfactory.

The following tabular statement shows the source of the water supply to each County district at the end of 1947 together with the supplying authority. The sources of public supplies shown in the statement are in each case upland gathering grounds unless otherwise indicated:—

LOCAL WATER SUPPLIES

Urban Districts	Authority from which supply is obtained	Source of supply
Abram.....	Liverpool C.B.	Rivington reservoir.
Accrington (B)	Accrington District Gas and Water Board	Moorland and deep wells.
Adlington	Manchester C.B.; Blackrod U.D.	Thirlmere; upland surface water and springs.
Ashton-in-Makerfield	Own supply; Liverpool C.B.	Leyland Green; Rivington reservoir.
Ashton-under-Lyne (B)	Ashton-under-Lyne, etc., Waterworks Joint Committee	Swineshaw, Chew and Greenfield valleys.
Aspull	Bolton C.B.; Wigan R.D.	Upland surface water; deep wells.
Atherton	Manchester C.B.; Bolton C.B.	Thirlmere; upland surface water.
Audenshaw.....	Ashton-under-Lyne, etc., Waterworks Joint Committee	Swineshaw, Chew and Greenfield valleys.
Bacup (B)	Own supply	Cowpe.
Barrowford.....	Nelson (B)	Moorland—Ogden and Coldwell.
Billinge and Winstanley	Own supply; Wigan C.B.	Deep wells, disused colliery shafts and quarry workings.
Blackrod.....	Own supply	Upland surface water and springs.
Brierfield	Nelson (B)	Moorland—Ogden and Coldwell.
Carnforth	Carnforth Water Company	Moorland—reservoir at Withets.
Chadderton	Oldham C.B.; Manchester C.B.; Heywood and Middleton Water Board	Upland surface water; Thirlmere; Ashworth Moor, Knoll Moor and Rooley Moor.
Chorley (B)	Liverpool C.B.; Manchester C.B.	Rivington reservoir; Thirlmere.
Church	Accrington District Gas and Water Board; Oswaldtwistle U.D.	Moorland and deep wells.
Clayton-le-Moors	Accrington District Gas and Water Board	Moorland and deep wells.
Clitheroe (B)	Own supply	Grindleton Fell.
Colne (B)	Own supply	Moorland and springs—Laneshaw and Bents.
Crompton	Oldham C.B.	Various upland sources.
Crosby (B)	Liverpool C.B.	Rivington reservoir and Lake Vyrnwy.
Dalton-in-Furness	Barrow-in-Furness C.B.	Upland gathering grounds on adjacent moorlands.
Darwen (B)	Own supply; Bolton C.B.	Upland surface water.
Denton	Manchester C.B.	Thirlmere.
Droylsden	Manchester C.B.	Thirlmere.
Eccles (B)	Manchester C.B.	Thirlmere.
Failsworth	Oldham C.B.; Manchester C.B.	Various upland sources; Thirlmere.
Farnworth (B)	Bolton C.B.	Upland surface water.
Fleetwood (B)	Fylde Water Board	Moorland water—Grizedale and Stocks.
Formby	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Fulwood	Own supply; Fylde Water Board	Beacon Foll and Saddle Fell; Grizedale and Stocks valleys.

LOCAL WATER SUPPLIES (*continued*)

Urban Districts	Authority from which supply is obtained	Source of supply
Golborne	(a) Ince-in-Makerfield U.D.; (b) Newton-le-Willows U.D.; (c) Liverpool C.B.; (d) Warrington C.B.	(a) Deep wells; (b) Five deep wells; (c) Rivington reservoir; (d) Deep wells.
Grange	Own supply	Newton-in-Cartmel.
Great Harwood	Accrington District Gas and Water Board	Moorland and deep wells.
Haslingden (B)	Irwell Valley Water Board; Accrington District Gas and Water Board	Various upland sources and deep wells.
Haydock	Liverpool C.B.	Rivington reservoir.
Heywood (B)	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Hindley	Liverpool C.B.	Rivington reservoir.
Horwich	Own supply	Moorland, disused mine shaft and springs.
Huyton-with-Roby	Liverpool C.B.	Lake Vyrnwy.
Ince-in-Makerfield	Own supply; Liverpool C.B.	Deep artesian wells; Rivington reservoir.
Irlam	Manchester C.B.	Thirlmere.
Kearsley	Bolton C.B.; Irwell Valley Water Board	Various upland sources and deep well.
Kirkham	Fylde Water Board	Moorland—Grizedale and Stocks.
Lancaster (B).....	Own supply	Moorland surface water—Upper Wyresdale.
Lees	Oldham C.B.	Upland surface water.
Leigh (B)	Liverpool C.B.	Rivington reservoir.
Leyland	Own supply; Manchester C.B.	Boreholes at Whittle-le-Woods; Thirlmere.
Litherland	Liverpool C.B.	Lake Vyrnwy.
Littleborough.....	Rochdale C.B.	Moorland reservoirs.
Little Lever	Irwell Valley Water Board	Various upland sources and deep well.
Longridge	Preston C.B.	Upland surface water.
Lytham St. Annes (B)	Fylde Water Board	Moorland water—Grizedale and Stocks.
Middleton (B)	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Milnrow	Rochdale C.B.; Oldham C.B.	Various upland sources.
Morecambe & Heysham (B)	Lancaster (B)	Moorland surface water—Upper Wyresdale.
Mossley (B)	Ashton-under-Lyne, etc., Waterworks Joint Committee	Moorland reservoirs at Swineshaw and Yeoman Hey.
Nelson (B)	Own supply	Moorland—Ogden and Coldwell.
Newton-le-Willows	Own supply	Five deep wells.
Ormskirk	Own supply; Southport and District Water Board	Deep wells.
Orrell	Own supply; Wigan C.B.	Deep wells.
Oswaldtwistle	Own supply	Upland surface water.
Padiham	Own supply	Pendle Hill.
Poulton-le-Fylde	Fylde Water Board	Moorland water—Grizedale and Stocks.
Preesall	Fylde Water Board	Moorland water—Grizedale and Stocks.
Prescot	Liverpool C.B.	Lake Vyrnwy and Rivington reservoir.
Prestwich (B).....	(a) Manchester C.B.; (b) Heywood and Middleton Water Board; (c) Irwell Valley Water Board	(a) Thirlmere; (b) Ashworth Moor, Rooley Moor, Knoll Moor; (c) Various upland sources and deep well.
Radcliffe (B)	Irwell Valley Water Board	Various upland sources and deep well.
Rainford	St. Helens C.B.	Deep wells.
Ramsbottom	Irwell Valley Water Board	Various upland sources and deep well.
Rawtenstall (B)	Irwell Valley Water Board; Bacup (B)	Various upland sources and deep well.
Rishton	Accrington District Gas and Water Board	Moorland and deep wells.
Royton	Oldham C.B.	Various upland sources.

LOCAL WATER SUPPLIES (*continued*)

Urban Districts	Authority from which supply is obtained	Source of supply
Skelmersdale	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Standish-with-Langtree	Liverpool C.B.; Manchester C.B.	Rivington reservoir; Thirlmere.
Stretford (B)	Manchester C.B.	Thirlmere, Haweswater and Longdendale.
Swinton & Pendlebury (B)	Bolton C.B.; Manchester C.B.	Upland surface water; Thirlmere.
Thornton Cleveleys	Fylde Water Board	Moorland water—Stocks and Grizedale.
Tottington	Irwell Valley Water Board	Various upland sources and deep well.
Trawden	Own supply	Springs—Boulsworth Hill.
Turton	Bolton C.B.; Bury Water Board; private wells, etc.	Upland surface water.
Tyldesley	Manchester C.B.	Thirlmere.
Ulverston	Barrow-in-Furness C.B.	Upland surface water—Pennington reservoir.
Upholland	Own supply	Two deep wells at Tontine and Roby Mill.
Urmston	Manchester C.B.	Thirlmere.
Walton-le-Dale	Manchester C.B.	Thirlmere.
Wardle	Rochdale C.B.	Moorland sources.
Westhoughton	Bolton C.B.	Upland surface water.
Whitefield	Irwell Valley Water Board	Various upland sources and deep well.
Whitworth	Rochdale C.B.; Bacup (B)	Various upland sources.
Widnes (B)	Own supply	Three deep wells in sandstone.
Withnell	Liverpool C.B.	Withnell reservoir.
Worsley	Bolton C.B.; Manchester C.B.	Upland surface water; Thirlmere.
RURAL DISTRICTS		
Blackburn	(a) Blackburn C.B.; (b) Manchester C.B.; (c) Darwen (B)	(a) Brennand; (b) Thirlmere; (c) upland surface water.
Burnley	Own supply; Burnley C.B.; Nelson (B); Accrington (B); Padiham U.D.	Chiefly upland surface water and springs.
Chorley	Manchester C.B.	Thirlmere.
Clitheroe	Own supply; Blackburn C.B.; Clitheroe (B)	Moorland and springs.
Fylde	Fylde Water Board	Moorland water—Grizedale and Stocks.
Garstang	Fylde Water Board; Manchester C.B.	Moorland water—Grizedale and Stocks; Thirlmere.
Lancaster	(a) Manchester C.B.; (b) Lancaster (B); (c) Fylde Water Board; (d) Carnforth and District Water Company	(a) Thirlmere; (b) Wyresdale Fells; (c) Grizedale and Stocks; (d) Withels.
Limehurst	Ashton-under-Lyne, etc., Waterworks Joint Committee; Oldham C.B.	Chew Valley; various upland sources.
Lunesdale	Own supply and Manchester C.B.	Caton and Thirlmere.
Preston	(a) Preston C.B.; (b) Manchester C.B.; (c) Fylde Water Board; (d) Fulwood U.D.	(a) Langden Valley; (b) Thirlmere; (c) Grizedale and Stocks; (d) Beacon Fell and Saddle Fell.
Ulverston	Barrow-in-Furness C.B.; Grange U.D.	Upland surface water—Seathwaite and Pennington; Newton-in-Cartmel.
Warrington	Liverpool C.B.; Warrington C.B.; St. Helens C.B.	Rivington reservoir; deep wells and upland surface water; Lake Vyrnwy.
West Lancashire	Liverpool C.B.; Southport and District Water Board; St. Helens C.B.; Preston C.B.; Ormskirk U.D.; Upholland U.D.; Wigan R.D.	Rivington reservoir; deep wells and upland surface water.
Whiston	Liverpool C.B.; St. Helens C.B.; Widnes (B); Warrington C.B.	Rivington reservoir; deep wells and upland surface water.
Wigan	(a) Own supply; (b) Liverpool C.B.; (c) Blackrod U.D.	(a) Deep wells; (b) Rivington reservoir; (c) upland surface water and springs.

PUBLIC MAINS SUPPLIES.—The following table, compiled from the local health reports, shows the approximate number of houses and population receiving water from the public mains (a) direct and (b) by means of stand-pipes.

Water supplied from public mains

	Direct to houses		By means of stand-pipes	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts	505,874	1,658,447	171	705
Total Rural Districts.....	71,944	250,816	90	311
Administrative County	577,818	1,909,263	261	1,016

With only one or two exceptions, the district reports indicate that the public supplies were satisfactory in quality throughout the year under report. Examinations of piped supplies were carried out in many districts both of the raw water and of the water going into supply after treatment, the frequency of sampling ranging from occasional specimens to regular monthly or weekly examinations. For districts receiving supplies from outside sources, sampling was usually undertaken by the supplying authority. Whilst the quantity of public water supplies was, generally speaking, satisfactory, several districts reported fairly prolonged shortages during the summer and autumn months.

The local authorities appear to have taken appropriate action in all cases where contamination of supplies has been in evidence. Chlorination remained the most widely adopted method of ensuring wholesome supplies, whilst in several districts the liability of the water to plumbo-solvent action required such preventive measures as the use of tin-lined service pipes and treatment of the water before going into supply.

The extensions and improvements to water supplies which were carried out in many districts during 1947 were mainly effected to keep pace with housing developments, but in several instances they related to areas or groups of dwellings previously dependent on private supplies.

PRIVATE SUPPLIES.—According to local reports some 13,175 dwellings, housing a population of approximately 41,411 were still dependent upon supplies from wells, springs, etc., at the end of 1947. Of these, 6,485 houses, with a population of 22,299, were to be found in the rural districts of the County. In certain instances sources of private supply appear to have been particularly liable to dry-up during prolonged dry periods. Frequent chemical and bacteriological examinations were carried out in many areas.

The Rural Water Supplies and Sewerage Act, 1944.—This Act extended the duties of local authorities by placing on them an obligation to provide a supply of wholesome water *in pipes* to every *rural locality* in their district in which there are houses or schools, and an extension of mains to points which would enable the houses or schools to be connected thereto at a reasonable cost.

Under the Act, the Minister of Health is enabled to make grants to local authorities towards the cost of providing a supply, or improving an existing supply of water and of sewerage and sewage disposal works in a rural locality, but grants in respect of the latter are only made where the Minister is satisfied that the need for the works is due to anything done or proposed to be done to provide or increase piped water supplies in the localities concerned. Where under the Act the Minister undertakes to make a contribution, the County Council concerned is also required to contribute.

The Act provides that in order to afford County Councils full opportunity of expressing their views on the scope of schemes and the desirability or otherwise of individual schemes being confined to separate parishes or districts or embracing all the areas in question, local authorities shall consult with the County Council before submitting schemes to the Minister.

From the passing of the Act until October, 1947, 47 schemes under the Rural Water Supplies and Sewerage Act, 1944, involving an estimated capital expenditure of approximately £810,500 had been submitted to the County Council by local authorities. Of these, 29 were in respect of the provision, or extension, of water supplies and the remainder for works of sewerage and sewage disposal.

With the exception of two schemes, of which one was not approved and the other was considered to be more appropriately dealt with under section 307 of the Public Health Act, 1936, all the schemes were approved by the County Council for submission by the local authorities to the Minister of Health.

Since October, 1947, to the present time (October, 1948), a further 12 schemes involving an estimated capital expenditure of approximately £379,091 have been approved by the County Council for submission to the Minister of Health for grant purposes. Four of the schemes related to the provision, or extension, of water supplies and the remainder to works of sewerage and sewage disposal.

Drainage and Sewerage.—According to the district reports, progress during the year was largely confined to improvements and reconditioning of existing plants, renewals of defective drains and sewers and extensions of existing sewerage systems to post-war housing sites. Work on new schemes was commenced in several districts, whilst others have reported that sewerage schemes are being drawn up or are awaiting approval.

The majority of areas or townships in the Administrative County which are without a proper drainage or sewerage system are naturally to be found in the rural districts and are usually so isolated or remote as to make the provision of sewers very difficult and costly.

Rivers and Streams.—The prevention of pollution of rivers and streams in the Administrative County, which previously was largely under the jurisdiction of the Mersey and Irwell and the Ribble Watershed Joint Committee, is now covered by the provisions of the Lancashire County Council (Rivers Board and General Powers) Act, 1938. The Act provided for the constitution and incorporation of a joint board, known as the Lancashire Rivers Board, consisting of representatives of the County Councils of the Counties of Lancaster, Chester and Derby and the Councils of several County Boroughs, upon which were conferred powers with regard to the prevention of the pollution and obstruction of the rivers, streams and watercourses under its jurisdiction.

The Board was constituted as from 1st April, 1939, and its jurisdiction extends over the whole of the geographical County of Lancaster excepting the areas comprised within the City of Liverpool and the County Boroughs of Barrow-in-Furness and Bootle.

The public health aspect of the question of the prevention of pollution of rivers and streams is of special importance because of their potentialities as sources of water supply, or on account of their possibilities as sources of pollution of water supplies.

The local reports contain references to the action taken during the year to prevent or minimise the pollution of rivers, streams, ditches, etc. Polluting effluents frequently discharge into streams in industrial districts, and in rural areas ditches often receive the overflow from cesspools and septic tanks and the direct discharges from house drains.

Closet Accommodation.—The statement below, compiled from the local health reports, gives some indication of the numbers of the various types of closet accommodation in the Administrative County area at the end of 1947. The number of houses on the water carriage system is approximately 543,370.

Closet Accommodation at end of 1947

	Urban districts	Rural districts	Administrative County
Privy middens.....	4,117	8,804	12,921
Privy closets	5,903	10,889	16,792
Pail closets	12,087	9,001	21,088
Fresh-water closets.....	466,664	54,125	520,789
Waste-water closets	69,617	3,320	72,937
Dry ashpits (excluding middens)	7,419	1,310	8,729
Movable ashbins	508,171	61,940	570,111

The figures below indicate the action taken in the County districts during 1947 to provide the more sanitary types of closet accommodation:—

Conversions	Urban districts	Rural districts	Administrative County
Privy closets to fresh-water closets.....	168	221	389
Privy closets to pail closets	12	40	52
Pail closets to fresh-water closets	128	96	224
Waste-water closets to fresh-water closets	619	11	630

During the war, programmes of conversion of privy and pail closets to the water carriage system were held up. Previously, determined efforts had been made by local authorities in this respect and the demolition of property in slum clearance areas was having a beneficial effect. As things become more normal, however, it is to be anticipated that much progress in this direction will be made. Generally speaking, privy and pail closets only exist where no sewers are available.

Sanitary Inspection.—The following table gives the number of premises visited during 1947 by local sanitary officials, the defects or nuisances discovered and the action taken. Legal proceedings were instituted in 152 instances with the following results—in 42 cases abatement orders were made; fines were inflicted in three cases; costs were secured in two cases where work had already been completed before the hearing; in one district 20 cases were continually adjourned until the necessary work was carried out, costs being obtained; and in another district 75 were adjourned for three months on the undertaking that the required works would be completed. The remaining 10 cases were dismissed.

Sanitary Inspections during 1947

	No. of premises visited	Defects or nuisances		No. of notices served	
		No. discovered	No. abated	Informal	Statutory
Urban districts	219,774	89,717	70,480	38,810	6,255
Rural districts	29,306	5,117	4,367	3,108	268
Administrative County	249,080	94,834	74,847	41,918	6,523

Smoke Abatement.—Although local authorities are not yet as active with regard to the control of nuisance from excessive smoke pollution as in pre-war years, the local reports for 1947 show that, in all, 1,122 observations were taken. There were reported to be some 2,485 factory and works chimneys in the County area and in those districts where a time limit for the emission of black smoke was in force, such limit varied from 2—6 minutes in the half-hour to 2—12 minutes in the hour.

In most districts the health officials actively co-operated with the managements of the firms in their districts with a view to the abatement of the excessive emission of black smoke and in some instances firms arranged for their firemen to attend classes on boiler-house practice. Other measures taken in various districts included advice to stokers and boilermen, personal interviews with works managers and the installation of various types of up-to-date plant by firms to counteract atmospheric pollution.

Several Medical Officers of Health, however, make note of the difficulties experienced in regard to smoke abatement due to the use of inferior or unsuitable fuel.

Disinfestation.—From information supplied by local Medical Officers of Health it would appear that in 89 districts during 1947 approximately 309 Council houses and 1,104 other houses were found to be infested.

The methods of disinfestation varied considerably. Fumigation by means of hydrogen cyanide gas was used to some extent, particularly in cases of bad infestation. Other methods employed included fumigation by sulphur candles and spraying with various liquid insecticides and special germicide preparations. The use of D.D.T. in both liquid and powder form has increased year by year since its commercial preparation began, and is now widespread. Generally speaking, all methods are reported to be efficient.

To ensure that the belongings of tenants were free from vermin before removal to Council houses, the local health officials in most instances made thorough examinations of the houses and belongings of tenants, and, in cases where infestation was in evidence, the houses, furniture, bedding, clothing, etc., were suitably disinfested.

Disinfestation entailing the use of hydrogen cyanide gas was invariably carried out by contractors employed by the local authorities, but fumigations with sulphur, spraying with insecticides and treatment of clothing and bedding by steam were usually undertaken by the local authorities' staffs.

The local reports indicate that, in order to prevent infestation or re-infestation after cleansing, the health officers of many districts made periodic inspections and gave personal advice to the tenants.

Premises and Occupations which can be controlled by Bye-laws or Regulations.—**OFFENSIVE TRADES.**—Offensive trades were referred to in 56 district reports, the premises numbering 221. These were chiefly tripe boilers, gut scrapers, tanners or leather dressers, fat melters, soap boilers, glue manufacturers, etc.

RAG FLOCK ACTS, 1911 AND 1928.—According to the local reports there were in the Administrative County area 25 premises on which rag flock was manufactured, used or sold, the districts concerned being Colne (B), Crosby (B), Great Harwood, Lancaster (B), Leigh (B), Stretford (B), Whitefield and Lancaster R.D. A total of 28 inspections of the premises were made during 1947 by the local health officials in these districts and seven samples were taken. All but one of the samples were found to be satisfactory.

FACTORIES ACT, 1937.—The following tables are a summary of the action taken in the County districts during the year 1947 in connection with the administration of Parts I and VIII of the Factories Act, 1937.

PART I OF THE ACT

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH
(including inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 (relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors) enforced by Local Authorities	2,796	2,861	232	—
(ii) Factories not included in (i) in which Section 7 (relating to sanitary conveniences) enforced by the Local Authority	6,277	4,791	348	—
(iii) Other Premises in which Section 7 enforced by the Local Authority † (excluding out-workers' premises)	210	319	11	—
TOTAL	9,283	7,971	591	—

† i.e., Electrical Stations, Institutions, and sites of Building Operations and Works of Engineering Construction.

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1)	321	310	1	41	—
Overcrowding (S.2)	4	3	3	—	—
Unreasonable temperature (S.3)	2	—	—	1	—
Inadequate ventilation (S.4).....	28	28	—	9	—
Ineffective drainage of floors (S.6)	33	33	—	1	—
Sanitary Conveniences (S.7)—					
(a) insufficient	176	118	—	87	—
(b) unsuitable or defective	774	350	7	164	—
(c) not separate for sexes.....	78	62	3	49	—
Other offences against the Act (not including offences relating to Outwork)	224	148	6	23	—
TOTAL	1,640	1,052	20	375	—

PART VIII OF THE ACT
OUTWORK
(Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	Number of out-workers in August list required by Sect. 110 (1) (c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel, making, etc.	491	—	—	—	—	—
File making	10	—	—	—	—	—
Artificial flowors, etc.	20	—	—	—	—	—
Nets, other than wire nets.....	91	—	—	—	—	—
Brush making	5	—	—	—	—	—
Carding, etc., of buttons	4	—	—	—	—	—
TOTAL	621	—	—	—	—	—

COMMON LODGING HOUSES.—The local reports show that there were 29 common lodging houses in 19 districts in the Administrative County. None is reported upon adversely and the condition of the majority is described as “fairly good”.

HOUSES LET IN LODGINGS.—Reference to this class of accommodation is made in 13 districts although, in view of the present severe shortage of houses and the prevailing economic conditions, it would seem probable that dwellings falling within this category exist in many other districts. However, in the absence of complete up-to-date housing surveys of all districts, it is impossible to assess their number. Most of those reported are said to be maintained in a fairly good condition.

TENTS, VANS AND SHEDS.—Where these exist, regular supervision apparently takes place and in a number of districts steps were taken during the year to remove caravans, etc. In one district, legal proceedings were instituted in 12 instances. In another, powers are being sought by Private Act to prevent the siting of such structures without the consent of the local authority. Several authorities have arrangements for the licensing of such structures for definite periods.

UNDERGROUND SLEEPING ROOMS.—No action is recorded in the local reports with regard to this type of accommodation.

CANAL BOATS.—Inspections of canal boats—59 in number—are reported in five districts; two infringements were noted.

HOUSING

During 1947, housing continued to be one of the chief matters claiming the attention of local authorities. The task of alleviating the acute shortage of houses, occasioned by the absence of normal building activity during the war years and damage caused by enemy action, became, in accordance with Government policy, chiefly one for local authorities.

In spite of the fact that progress was somewhat restricted by the lack of materials, etc., a reference to the table on page 124 shows that 8,041 new houses were erected during the year, an increase of 3,236 over the figure for 1946. Of these newly erected houses, 6,623 were of the traditional permanent type and the remainder were prefabricated—1,029 temporary and 389 permanent. Local authorities were responsible for the erection of 6,098 of the total new houses, the remaining 1,943 being built by other bodies or persons. In addition, according to information supplied by local Medical Officers of Health, some 11,500 dwellings of varying types were under construction at the end of 1947, and many further schemes, involving the erection of some 14,500 houses, were either in hand or contemplated.

Generally speaking, it would appear that there are few special difficulties in the Administrative County in the way of providing suitable sites for new houses except in a few of the more congested districts. In certain areas, however, the choice of suitable building sites is greatly limited by mining subsidence.

In the absence of an up-to-date survey, records of overcrowding—although such is amply apparent—are very incomplete in many districts and consequently no accurate estimate of overcrowding conditions in the Administrative County is possible. A certain amount of overcrowding has, of course, already been relieved by the resumption of building since the war, but there is still a very considerable amount of work to be done in this connection. Almost without exception, local Medical Officers of Health have reported a housing shortage, which, in some areas, presents a social problem of considerable magnitude. In 51 districts estimates of housing requirements at the end of the year totalled some 29,500 dwellings. Applications for council houses still outstanding in 40 districts were reported to be in the region of 40,000, but it is highly probable that this figure is inflated by reason of the duplication of applications.

Of the housing conditions generally, these, according to the local reports, except as regards clearance areas, can be considered on the whole as of a fairly good standard. To some extent, however, houses are falling into disrepair owing to the difficulties of obtaining labour and materials and, in certain districts, there are large numbers of houses which, were it not for the acute shortage, would be demolished as unfit for human habitation. The prevailing defects in most districts are chiefly dampness and lack of repair work, whilst in areas embraced by the Lancashire coalfield mining subsidence is responsible for much structural damage.

Back-to-back houses number some 9,000, but here again, with the acute housing shortage, programmes of conversion or clearance, which were being speedily dealt with prior to the war, are at the moment out of the question. The bulk of the Administrative County is relatively free from this type of house, more than half the total number being situated in four or five County districts.

A summary of the local reports reveals that some 5,300 houses are without adequate internal water supply, whilst approximately 11,500 houses have no separate water-closet or other adequate sanitary accommodation. The majority of these are to be found in the rural areas.

Table 5, pages 124 to 129, compiled from information supplied by local Medical Officers of Health, gives some indication of housing activities in the various urban and rural districts of the County during 1947, together with the steps taken to remedy such property as was found to be not in all respects reasonably fit for human habitation. In all, 66,359 houses were inspected under the Public Health or Housing Acts for housing defects, 117,716 inspections being made for the purpose. A total of 1,320 houses were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation, whilst in addition, 30,398 houses were found not to be in all respects reasonably fit. Of the latter, 22,378 were rendered fit during the year in consequence of informal action by the local authorities or their officers. Action under the Public Health and Housing Acts with respect to defective dwellings continues to be difficult, however, chiefly on account of the shortage of labour and materials and the fact that owing to the high cost of repair work and the control of rents at a low level, property owners in many instances are reluctant to do more than a minimum of repair work.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.—During recent years much time and attention have been devoted by both County and local public health officials to the problems involved in the production of a pure and safe milk supply. The problems in this County, in which at the end of 1947 there were 7,976 cowkeepers and 2,992 dairymen or purveyors of milk, are of considerable magnitude. The number of dairy farms was 7,155 and the number of cows, according to local estimates, 137,100.

Inspections of farm premises by the local officials in 1947 numbered 10,697 and a large number of routine inspections were made by the County Sanitary Officers in co-operation with the local officials.

On these visits by sanitary officers opportunity is taken to impress upon milk producers the necessity, from the point of view of the public health, of a high standard of bacteriological purity in milk, and that, to ensure this, a good sanitary environment is essential, coupled with regular and careful grooming and cleaning of the cattle, and a rigid standard of cleanliness in all stages of production and distribution. To achieve an adequate, clean and safe supply of milk is a matter which involves the highest interests of the public health.

The local reports show that in a number of districts works of improvement, including reconstruction of cowsheds, erection of modern dairies, floors concreted, additional window area provided and drainage improved, were undertaken during the year.

TUBERCULOUS MILK.—During the year 1947, the total number of notifications received that tubercle bacilli had been found in milk, including school milk, was 106. Of these, 71 were notified by County Boroughs and County Districts and 35 were found as a result of the routine sampling carried out by the County Council.

In accordance with the provisions of Part IV of the Agriculture Act, 1937, these notifications were transmitted to the Divisional Inspector of the Ministry of Agriculture and Fisheries who arranged for veterinary inspections to be carried out at the farms concerned to eliminate any affected cattle.

The number of veterinary inspections completed during 1947 was 238. The following table analyses the results of the investigations carried out by the Ministry of Agriculture and Fisheries:—

Cases where animals seized under the Tuberculosis Order, 1938	93
Number of animals seized	110
Cases reported negative where animals had been sold prior to the investigation	31
Cases reported negative, no animals seized	14

THE MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936-46.—The table below shows, for each of the last three years, the number of licences issued by the County Council under these regulations and in operation at the 31st December, and of other licences issued by local sanitary authorities. The position in 1938 is also given for purposes of comparison:—

Year	Licences issued by County Council		Licences issued by Local Authorities					
			No. of Dealers' Licences issued in respect of:—				No. of Licences issued in respect of Pasteurised Milk.	
	Tuber- culin Tested	Ac- credited	Tuberculin Tested		Accredited		Pasteuris- ing Plants	Retail Dis- tributors
			Bottling	Dis- tribution	Bottling	Dis- tribution		
1938	51	712	10	140	27	139	16	376
1945	143	800	11	82	17	45	20	204
1946	184	815	16	112	27	47	21	254
1947	264	753	19	220	21	44	24	296

The number of licensed producers of designated milk in the Administrative County at the end of 1947 represented 14·2 per cent. of the 7,155 dairy farmers, as compared with 10·8 per cent. of 7,039 dairy farmers in 1938, so that the increase in the proportion of designated to undesignated producers has been slight. This is understandable on consideration of the fact that qualification for a licence to produce either "Tuberculin Tested" or "Accredited" milk often necessitates structural alterations which, during the war years and subsequently, have been rendered difficult on account of shortages of labour and materials. A farmer's readiness to become engaged in the production of designated milk has no doubt been limited in many cases by such factors.

Between 1938 and 1947 there was little significant change in the number of "Accredited" producers, but the number of holders of "Tuberculin Tested" licences increased more than fivefold and, in 1947, represented 25.9 per cent. of producers of designated milk as compared with 6.6 per cent. in 1938. This increase is no doubt largely due to the policy of encouraging the production of "Tuberculin Tested" milk by payment of a bonus greater than that paid for the production of "Accredited" milk. In this way many transfers from "Accredited" to "Tuberculin Tested" production have been effected, such transfers being facilitated by the fact that no further structural alterations are necessary.

Routine sampling of "Tuberculin Tested" and "Accredited" milk supplies was considerably increased following the appointment of four Assistant County Sanitary Officers in 1946. Each sample was submitted to the methylene blue test and examined for B.coli, and the following table shows, for the past five years, the number of samples taken and the percentages of unsatisfactory samples:—

Type of milk	Number of samples taken				
	1943	1944	1945	1946	1947
Tuberculin tested	63	81	74	82	268
Accredited	819	758	417	706	1,238
TOTAL	882	839	491	788	1,506
Percentage unsatisfactory	28.0	20.0	22.6	23.1	28.4

When a sample is reported as unsatisfactory further samples are obtained and the producer is advised, where necessary, of improvements likely to raise the standard of the milk supply. Subsequent unsatisfactory samples result in the producer being cautioned and warned of the possible suspension of his licence, a procedure which has usually effected a marked response in the carefulness, and cleanliness in the methods, of the offender. During the year it was found necessary to revoke one "Accredited" milk licence.

Examination for tubercle bacilli.—During the year, 1,055 samples of graded milk were examined for tubercle bacilli, of which 31 or 2.9 per cent. were found positive. This represents a substantial all-round improvement on the previous year when only 607 samples were examined and 34 or 5.6 per cent. were found positive. Appropriate action was taken immediately on notification of affected samples.

PROVISION OF MILK TO SCHOOL CHILDREN.—During 1947 the number of samples of milk obtained from school supplies and examined for the presence of tubercle bacilli was 354, and of these, four samples or 1.1 per cent. were reported as positive. The Minister of Agriculture and Fisheries was informed and he arranged for veterinary inspections of the herds concerned.

In co-operation with the Area Milk Officer of the Ministry of Food the policy of providing heat-treated or T.T. milk at schools where neither of these types of milk was previously available continued to be pursued. As a result of this policy, it can now be said that few schools in the County area are supplied with raw or undesignated milk.

DEFENCE REGULATION 55G.—The Defence Regulation 55G restricts the sale of raw milk in certain areas in accordance with the policy of the Government outlined in the White Paper—"Measures to Improve the Quality of the Nation's Milk Supply".

It lays down that milk may not be sold by retail or supplied free of cost in a specified area, unless it is Tuberculin Tested, Accredited, Heat-treated, Pasteurised or Sterilised.

Paragraph 13 of the regulation states that "milk sold by retail as Pasteurised will be required to comply with the Phosphatase and Methylene Blue tests in addition to the conditions laid down in the Milk (Special Designations) Regulations, 1936 to 1946. Where the Food and Drugs Authority are not the licensing authority for milk sold as Pasteurised, they should co-operate with the latter authority in order to avoid duplication of sampling, and should keep that authority informed where any samples fail to pass the tests prescribed for the purpose of the Regulation".

The Minister of Food has requested that in all cases in which the appropriate enforcing authority or their Medical Officer of Health have been, or are in future, notified that authorisation has been granted to operate a heat-treatment plant, the authority would arrange for the regular sampling of milk processed at the plant whether sold wholesale or retail.

The County Council, who are the Food and Drugs authority, are the enforcing authority for the purpose of the Defence Regulation 55G, but are not the licensing authority for pasteurised or heat-treated milk.

At the end of 1947 "authorisations" issued by the Minister of Food were held by 20 firms in 18 County Districts. Regular sampling of heat-treated milk was carried out throughout the year by the Assistant County Sanitary Officers.

The number of samples obtained and submitted to the prescribed tests was 295, of which 25 failed to pass. Particulars of the unsatisfactory samples were reported to the Area Milk Officer of the Ministry of Food for such action as he deemed necessary.

In accordance with the requirements of the Regulation a return was forwarded each month to the Minister of Food giving the results of the samples submitted to the prescribed tests.

Food Poisoning.—Suspected cases of food poisoning were reported in three districts and, in each case, bacteriological examinations of specimens gave negative results.

Cases of metallic poisoning in schoolchildren at Chorley (B), reported to be caused by the keeping in zinc baths of plums consumed in school lunches, received appropriate treatment and no serious effects were suffered.

At Nelson (B) one case of food poisoning occurred during the year. Investigation showed *S. typhimurium* (*B. aertryche*) to be the infecting organism, but it was not possible to obtain any article of food for examination in order to trace the source of illness. The patient received treatment in hospital and recovered.

Food and Drugs Act, 1938, etc.—The following paragraphs and tables have been extracted from the Annual Report of the County Analyst, G. H. Walker, Esq., Ph.D., B.Sc., F.R.I.C.:—

The Food and Drugs Act, 1938, came into operation on the 1st October, 1939, and most of its provisions are still in force to-day, although it has to some extent been directly or indirectly amended by a more recent Act affecting drugs, and by the long list of food regulations made by the Minister of Food during and subsequent to the war.

The following, by no means complete, list of Acts and Regulations at present in force, gives some idea of the thoroughness of the steps taken by the Government to ensure supplies of unadulterated foods and drugs and to prevent false or misleading labels and advertisements in relation to these commodities.

(a) *Acts.*

The Food and Drugs Act, 1938.
The Pharmacy and Poisons Act, 1933.
The Pharmacy and Medicines Act, 1941.

(b) *Regulations.*

The Sale of Milk Regulations, 1939.
The Public Analysts Regulations, 1939.
The Public Health (Preservatives, etc., in Food) Regulations, 1925-40.
The Public Health (Condensed Milk) Regulations, 1923-43.
The Public Health (Dried Milk) Regulations, 1923-43.
The Heat-Treated Milk (Prescribed Tests) Order, 1944.

(c) *Ministry of Food Regulations.*

The Food Substitutes (Control) Order, 1941.
The Defence (Sale of Food) Regulations, 1943.
The Food Standards (General Provisions) Order, 1944.
Various Standards Orders (published 1944 onwards).
The Labelling of Food Order, 1946.
Regulation 60 C.A.A. (1944) amending the Defence (General) Regulations, 1939, and relaxing provisions relating to food preservatives, condensed milk, etc.
Numerous Orders relating to individual foods or related groups of foods.

In addition to the above, special mention should be made of certain new or amended Orders relating to food made during the year 1947:—

The Edible Gelatine (Control) Order.
Three amendments to the Labelling of Food Order, 1946.
The Food Standards (Mustard) (No. 2) (Amendment) Order.
The Fluorine in Food Order.
The Meat Products and Canned Meat (Control and Maximum Prices) Order.
The Soft Drinks Order.

TOTAL SAMPLES EXAMINED.—During the year 1947, a total of 9,083 analyses and tests were carried out in the County Laboratory. The total number of samples analysed in the year is compared with the total numbers, similarly classified, for the years 1912-46 in the table below:—

Total number of Samples examined, 1912-47

Year	County Food and Drugs	Other Authorities Food and Drugs	County Appeal-to-cow samples	Other Authorities Appeal-to-cow samples	Fertilisers and Feeding Stuffs Act	Waters and effluents	Miscellaneous and departmental	Total Phosphatase and total Methylene Blue tests	Total
1912-35	118,171	—	1,593	—	496	1,812	2,105	—	124,177
1936	4,808	—	58	—	21	57	115	—	5,059
1937	5,153	—	93	—	30	72	196	—	5,544
1938	5,157	—	89	—	20	73	178	—	5,517
1939	4,775	21	99	1	25	47	83	—	5,051
1940	3,257	423	60	3	21	46	20	—	3,830
1941	2,583	385	5	16	25	26	15	—	3,055
1942	2,088	325	11	5	16	19	28	—	2,492
1943	2,058	326	6	5	24	24	22	—	2,465
1944	1,816	540	2	4	28	35	15	—	2,440
1945	1,731	292	3	16	17	58	8	—	2,125
1946	4,122	576	107	8	29	51	36	67	4,996
1947	6,819	962	110	13	34	48	35	1,062	9,083
1912-47	162,538	3,850	2,236	71	786	2,368	2,856	1,129	175,834

FOOD AND DRUGS SAMPLES.—Section 68 (1) of the Food and Drugs Act, 1938, authorises arrangements to be made for the taking of samples for analysis by the Public Analyst. It reads:—

“An authorised officer of a Food and Drugs Authority . . . may exercise such powers of procuring samples of food and drugs for analysis . . . as are conferred upon him by this Section, and any such officer is in this Act referred to as a ‘Sampling Officer’.”

In the County of Lancaster this work is now carried out by four Assistant County Sanitary Officers, each of whom procures samples in his own area of the County.

The number of Food and Drugs samples submitted by the Assistant County Sanitary Officers during the year under review was 6,819 as against 4,122 during the previous year; this represents 5.05 samples per 1,000 of the population as against 3.21 samples per 1,000 in 1946. The increase was considered desirable in order to enable more equable sampling to be carried out over the 94 districts in the area of the County Food and Drugs Authority and to combat the adulteration rate which, for the last six or seven years, has been higher than usual.

Total Adulteration.

During the year, of the 6,819 samples of food and drugs submitted for examination under the Act, 477 were reported upon adversely; the adulteration was, therefore, 7.0 per cent. This represents a slight decrease compared with the percentage of adulteration for the previous year (1946) when the figure was 7.6 per cent.

In the following table the percentages of adulteration are given for the past 10 years. It will be seen that during that period the lowest figure was 3.6 which was reached in 1939, and that the average figure is 6.3 per cent., so that the percentage of adulteration for the year 1947, which is 7.0, is still slightly above that of the average for the past 10 years. In general the adulteration during and subsequent to the war is very considerably greater than that found in the preceding years.

Percentage of Adulteration of County Samples of Foods and Drugs, 1938-47

Year	Total No. of samples	No. of adulterated samples	Percentage of adulteration
1938	5,157	217	4.2
1939	4,775	171	3.6
1940	3,257	153	4.7
1941	2,583	239	9.3
1942	2,088	142	6.8
1943	2,058	172	8.4
1944	1,816	163	9.0
1945	1,731	138	8.0
1946	4,122	315	7.6
1947	6,819	477	7.0
1938-47	34,406	2,187	6.3

Analysis.

The point raised in the preceding paragraph is perhaps brought out more clearly in the table below where the percentage of adulteration over the last 10 years is given side by side with the various types of samples and with the number of samples taken per 100,000 of the population. It will be noted that throughout all the war years the rate of sampling dropped very considerably; in fact for the years 1942-45 inclusive, it was only half of that for the years immediately prior to the war. The total number of samples and the number of samples per 100,000 of the population for the year under review are much higher than the corresponding figures for any previous year in the history of the County Laboratory. The next highest figure for total samples is 5,263 in the year 1933.

Year	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Percentage of adulteration	4.2	3.6	4.7	9.3	6.8	8.4	9.0	8.0	7.6	7.0
Total samples	5,157	4,775	3,257	2,583	2,088	2,058	1,816	1,731	4,122	6,819
Formal samples	3,304	3,024	2,044	1,525	1,236	1,234	912	870	1,648	2,318
Informal samples	1,853	1,751	1,213	1,058	852	824	904	861	2,046	3,821
Private samples	—	—	—	—	—	—	—	—	428	680
Number of samples per 100,000 of the population	299	274	244	193	161	156	136	135	321	505

MILK.—*Adulteration.*—The number of milk samples submitted under the Food and Drugs Act during the year was 4,515, and of these, 393 were reported against; the amount of adulteration was, therefore, 8.7 per cent. This figure, as will be seen from the following table, is only slightly above that of the average for the last 10 years and is lower than the percentage adulteration for any year since 1940.

Year	Number of samples	Number of adulterated samples	Percentage of adulteration
1938	3,309	172	5.2
1939	3,029	157	5.2
1940	2,084	139	6.7
1941	1,861	222	11.9
1942	1,506	132	8.8
1943	1,459	157	10.8
1944	1,197	135	11.3
1945	1,096	111	10.1
1946	2,669	272	10.2
1947	4,515	393	8.7
TOTALS	22,725	1,890	8.3

Average Composition.

In the table below the average composition of all the milk samples examined is set out for the period 1910-47. It will be seen that the average figure for fat does not vary greatly from year to year. In respect of solids-not-fat there is very little difference in the averages for the years 1910-40. Since 1940, however, it will be noted there is an appreciable decrease in solids-not-fat, the lowest figure of 8.55 per cent. being obtained in the year 1943. The average for solids-not-fat for the year under review was 8.63 per cent. Comparison of the preceding table with that below brings out the fact that the seven years during which the average solids-not-fat have been lower than formerly are the same years which show an increased rate of adulteration.

Average Composition of Milk Samples, 1910-47

Year	Number of samples	Fat per cent.	Solids-not-fat per cent.	Total Solids per cent.
1910-30	56,028	3.67	8.90	12.57
1931	3,090	3.84	8.81	12.65
1932	3,205	3.77	8.85	12.62
1933	3,060	3.76	8.82	12.58
1934	3,310	3.74	8.81	12.55
1935	3,422	3.75	8.84	12.59
1936	3,098	3.73	8.88	12.61
1937	3,278	3.74	8.84	12.58
1938	3,398	3.70	8.78	12.48
1939	3,128	3.67	8.78	12.45
1940	2,144	3.70	8.79	12.49
1941	1,866	3.70	8.64	12.34
1942	1,516	3.75	8.66	12.41
1943	1,489	3.70	8.55	12.25
1944	1,197	3.69	8.57	12.26
1945	1,096	3.72	8.57	12.29
1946	2,776	3.75	8.58	12.33
1947	4,625	3.75	8.63	12.38
1910-47	101,726	3.70	8.84	12.54

ARTICLES OTHER THAN MILK.—*Adulteration*.—During the year under review 2,304 samples other than milk were examined on behalf of the County Council. Of these, 84 were reported against, which corresponds to an adulteration rate of 3·6 per cent. The percentage of adulteration in articles other than milk was, therefore, very considerably lower than that for milk.

PROSECUTIONS.—During the year, a total of 477 County food and drugs samples were reported upon adversely and, in respect of 98 of these, prosecutions were instituted, 94 in respect of milk samples, three in respect of samples of sausage and one in respect of a sample of whisky. There were 93 convictions and five dismissals; the total fines and costs amounting to £667. 7s. The corresponding figure for the previous year was £936. 7s. 9d., which, however, included two fines totalling £298. 12s. inflicted due to previous offences. Apart from the years 1946 and 1941 (in the latter numerous fraudulent food substitutes were on sale), the total in fines and costs for the year under review is the highest since 1918.

ICE-CREAM

A brief account of the manufacture and composition of ice-cream was given in the report for the year 1946. Two notable changes affecting composition have occurred during the year under review; (1) the addition of gelatine is no longer permitted to ice-cream; (2) official allocations of skimmed milk powder were made to ice-cream manufacturers during the year and a certain amount of salvaged evaporated milk was also distributed. Allocations of skimmed milk powder were discontinued during 1945 and its restoration has permitted manufacturers to make a better and more nutritious product; due to the scarcity of fats, particularly butter fat, ice-cream in general is still, however, austere in quality.

Gelatine has been used as a stabilizer in ice-cream manufacture for many years. Its action is physical and depends upon its ability to form a gel, the viscosity of which increases after cooling. Recently, however, the use of gelatine for this purpose has been superseded by that of edible sodium alginate which is a mucilaginous substance extracted from a certain sea weed. The effect of sodium alginate in increasing the viscosity of ice-cream is immediate and chemical rather than physical in character, depending upon the formation of calcium alginate from calcium naturally present in the water and other constituents of the mix.

The use of gelatine in ice-cream was prohibited as a result of the making of the Edible Gelatine (Control) Order, 1947, which came into force on the 23rd February, 1947.

During the year under review, 59 samples of ice-cream were submitted for chemical analysis, 46 by Assistant County Sanitary Officers and 13 by autonomous Food and Drugs Authorities. Ten of the County samples were found to contain gelatine, the amounts present varying from 0·1 to 0·8 per cent. and in each case the attention of the vendor was directed to the restriction now imposed by the Edible Gelatine (Control) Order. All the samples submitted by autonomous Food and Drugs Authorities were reported genuine. No harmful ingredients were present in any of the samples and, in view of the fact that the Minister of Food does not yet consider it advisable, owing to the shortage of dairy products and other ingredients, to fix standards of composition for ice-cream, none of the samples was reported upon adversely in respect of constituents, other than gelatine, although in 17 instances the fat content was below one per cent. The average figures found for the 59 samples were: total solids, 23·6 per cent. (maximum 39·2, minimum 14·1) and for fat content, 3·0 per cent. (maximum 10·6, minimum, trace (less than 0·1 per cent.)). The above averages show a slight improvement over the corresponding figures, 22·5 per cent. and 2·3 per cent. respectively, found as a result of the examination of 45 samples during the year 1946. It will be remembered that prior to the war a figure of 8 per cent. was proposed by one trade association as a minimum standard for fat content and it is interesting to note that during the year under review, notwithstanding the shortage of fats, six samples showed fat contents of 8·1, 8·8, 9·2, 9·5, 10·4 and 10·6 per cent. respectively.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

Smallpox.—No case of smallpox occurred during 1947—the ninth successive year for which the Administrative County has been entirely free from the disease.

Five suspected cases, occurring during the months of June to October, were reported from five County districts. Each case was visited immediately but none proved to be smallpox.

Scarlet Fever.—Notifications of cases of scarlet fever in the Administrative County during 1947 numbered 2,996, an increase of 202 over the figure for 1946. The number of deaths from this cause was, however, only two—a decrease of one as compared with the previous year.

The notifications of this and other infectious diseases are shown grouped in age periods in the table on page 92.

The mortality rate from scarlet fever in 1947 was equivalent to 0·001 per 1,000 of the estimated civilian population, the same as in the previous year. The case fatality rate was 0·06 per cent. as compared with 0·10 per cent. in 1946.

Scarlet fever cases removed to hospital in 1947 represented 56·6 per cent. of the total notifications. The case fatality rate of patients treated in hospital was 0·05 per cent., and of those isolated at home, 0·07 per cent.

Diphtheria.—Yet another new low record in the County statistics was established by the 327 notifications of diphtheria during 1947. This represents a 50 per cent. reduction of the previous record of 654 in 1946. Similarly, another new low record was attained in the number of deaths registered as due to diphtheria, viz., 12. This constitutes a reduction by 52 per cent. of the previous year's figure of 25. The 12 deaths in 1947 were equivalent to a mortality rate of 0·006 per 1,000 of population, as compared with 0·01 in the previous year.

The decline in the number of cases of, and deaths from, diphtheria over the last few years has been phenomenal, and it is a reasonable assumption that the main factor responsible for this decline has been the artificial protection of children. A reference to the state of immunisation of the child population at the end of 1947 is made on page 95. The table below gives, for each of the last ten years, the number of cases of, and deaths from, diphtheria in the Administrative County. It will readily be seen that in 1947 they were in the region of only 6·7 per cent. of what they were in 1938, when few immunisation schemes were in operation.

Year	Number of cases	Number of deaths	Case fatality rate per cent.
1938	4,571	208	4·5
1939	3,297	157	4·7
1940	2,772	137	4·9
1941	3,354	183	5·4
1942	2,169	105	4·8
1943	1,760	69	3·9
1944	1,450	68	4·6
1945	1,137	52	4·5
1946	654	25	3·8
1947	327	12	3·6

Of the 327 cases of diphtheria notified during 1947, 59 were amongst children under 5 years of age, 174 amongst those between the ages of 5 and 15 years, and 94 amongst those over 15 years of age. The respective case fatality rates were 15·25 per cent., 1·14 per cent. and 1·06 per cent., and that for all children under the age of 15 years was 4·72 per cent. The rate for children under 5 years of age again points to the necessity, so often urged, of more impetus being given to the process of immunising pre-school children.

Cases removed to hospital during 1947 numbered 308, or 94·1 per cent. of the total notified.

Typhoid and Paratyphoid Fevers.—During 1947, notifications of cases of typhoid and paratyphoid fevers numbered 23, or 25 less than in the previous year. There were no deaths assigned to this cause. Ninety-seven County districts were entirely free from typhoid and/or paratyphoid fevers during the year.

The reduction in the prevalence of these fevers is very striking when it is noted that in 1898 the cases notified in the Administrative County numbered 2,661 and the deaths 478.

Measles (*excluding rubella*).—This disease has been compulsorily notifiable since February, 1940. The number of cases notified during 1947 was 22,377, an increase of 13,277 over the figure for the previous year and the highest since 1940, when 30,071 cases were notified. The deaths registered as due to this cause numbered 30, equivalent to a mortality rate of 0·01 per 1,000 estimated civilian population. The corresponding rate for 1946 was 0·004.

An analysis of the deaths by ages shows that 86·6 per cent. occurred amongst children under 5 years of age. Of these 30·0 per cent. were of infants under 1 year of age and 56·6 per cent. of children between the ages of 1 and 5 years.

Whooping Cough.—As in the case of measles this disease was made compulsorily notifiable in 1940. Cases notified in 1947 numbered 3,716, or 632 less than in 1946. The number of deaths assigned to whooping cough was 32—a decrease of 11 as compared with the previous year—the resultant death-rate being 0·01 per 1,000 of the estimated civilian population. The corresponding provisional rate for the whole country was 0·02.

Diarrhoea (*under 2 years of age*).—There was again an increase in the number of deaths of children under 2 years of age registered as due to diarrhoea. They totalled 232, or 25 more than the figure for the previous year. The equivalent death-rate per 1,000 live births was 5·8—the same as the provisional rate for England and Wales.

Over the past few years the number of deaths from this cause of children under 2 years of age has shown an upward trend, although the rise has been irregular. Invariably more than 90 per cent. of these deaths actually relate to children under 12 months old and it is amongst such infants that the increasing mortality is to be found.

Encephalitis Lethargica, Cerebro-spinal Fever.—The incidence of these diseases compared with the previous year, and also the attack rates and mortality, are shown in the following table:—

Disease	Cases notified		Distribution of cases, 1947		Attack rate per 1,000 population, 1947	Deaths registered	
	1946	1947	Urban Districts	Rural Districts		1946	1947
Encephalitis lethargica	1	4	4	—	0·002	*41	*29
Cerebro-spinal fever.....	67	85	75	10	0·04	15	21

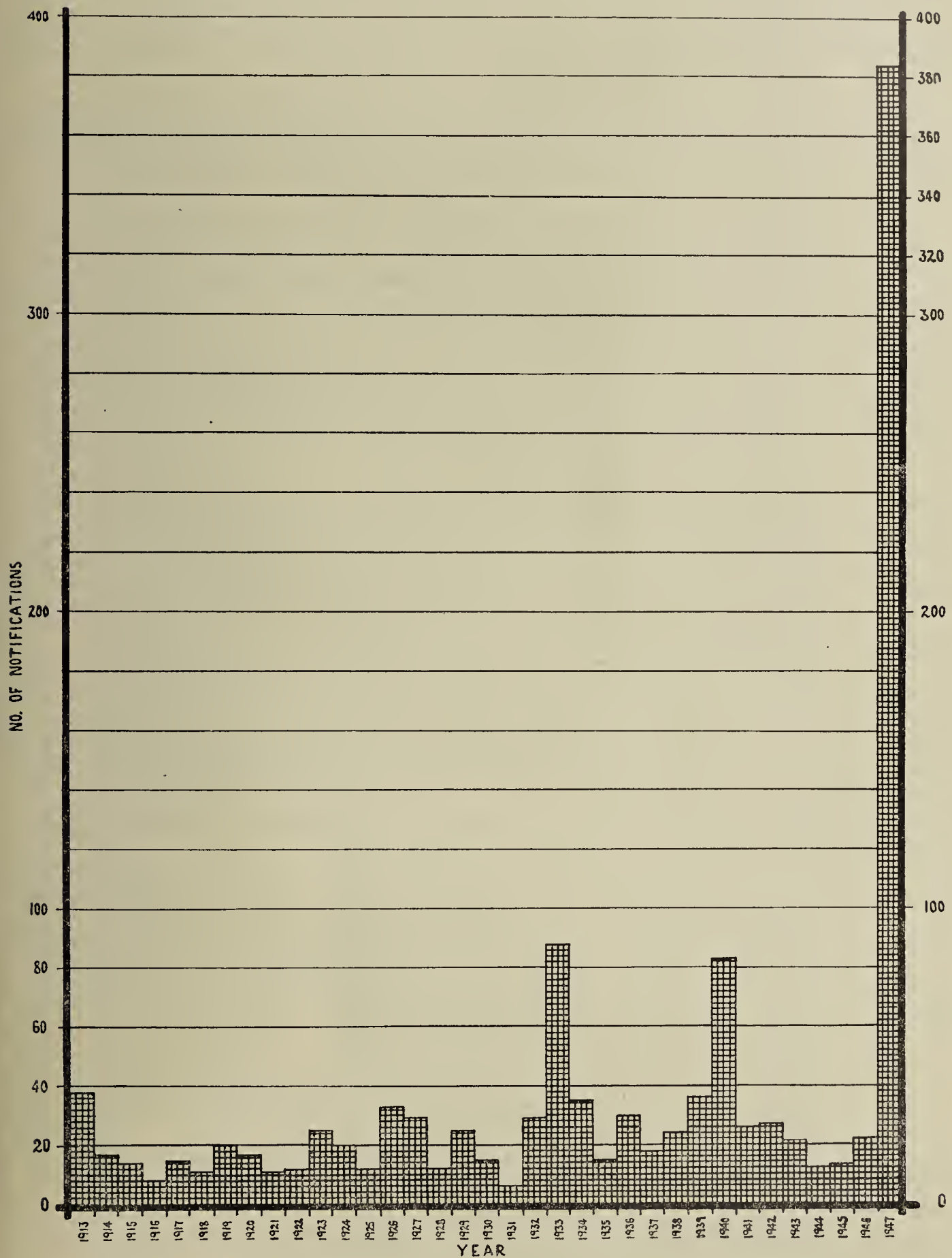
* Deaths from acute infectious encephalitis (lethargic or epidemic).

Acute Poliomyelitis, Acute Polio-encephalitis.—During 1947 the incidence of these diseases was heavily in excess of any previously recorded in the Administrative County area. According to returns of local Medical Officers of Health, incorporating corrections of diagnosis subsequently made either by notifying medical practitioners or by superintendents of infectious diseases hospitals, the cases numbered 375, of which 25 related to polio-encephalitis. The highest total for any previous year was 88 in 1933.

The following detailed report is based upon a special investigation undertaken during the outbreak, and it will be noted that there is a slight discrepancy between the figures quoted therein and those given in the preceding paragraph and in the tables on pages 92 and 93. This discrepancy is almost certainly attributable to a difference in methods of classification of types of cases.

The magnitude of the outbreak during 1947 is clearly illustrated in the histogram reproduced below, which compares the total notifications for each year since 1913.

Histogram showing, for each year since 1913, the total notifications of cases of acute poliomyelitis and acute polio-encephalitis



It had become evident in June, not only in the Administrative County area, but also throughout England and Wales, that notifications were increasing in number and this was disquieting, occurring as it did at least a month earlier than the seasonal increase is normally expected to become evident. This increased incidence was maintained in July, when seven cases were notified in each of the first three weeks of the month. Thereafter, the weekly incidence increased steadily until 31 cases were notified during the week ended August 23rd. This was the highest weekly figure recorded during the outbreak. From then onwards the figures fluctuated between 15 and 30 cases each week until after the first week in October when it became evident that the incidence was diminishing. Nevertheless, during the week ended November 1st, 14 cases were notified, a number in excess of any weekly total prior to the first week in August.

The weekly incidence of cases throughout the year is given in the histogram opposite. For purposes of comparison, the weekly notifications for the previous year, 1946, which may be regarded as having a normal incidence, and for 1933, when the previous high record of 88 cases was established, are also included.

In order to maintain an up-to-date picture of the incidence and distribution of the cases in the County area, local Medical Officers of Health were requested to inform the County Public Health Department by telephone immediately cases were notified to them, and one of the Assistant County Medical Officers was detailed to correlate the information received and to act in liaison with the local authorities recording a high incidence.

All cases so notified were plotted geographically and it soon became evident that over 50 per cent. of the cases in the early part of the outbreak were centred in two main areas; namely, in the Ulverston area and in and around the Borough of Eccles. The remaining cases were occurring as single cases or in twos or threes scattered throughout the rest of the County. In the Ulverston area 13 cases had been notified between April and the end of July and it is of interest to note that, within this period, from the beginning of May to the beginning of July to be precise, 27 cases were also notified in the adjacent County Borough of Barrow-in-Furness. Thus the Furness and Ulverston areas were unique in having a circumscribed period of increased incidence—April to July—before the main increase in cases took place in the County area. Cases in and around Eccles, however, continued to increase and, by the end of August, a total of 68 cases had been notified from Eccles, Irlam, Swinton, Worsley and Urmston; Eccles heading the list with 37. These cases, together with those in the Ulverston area, made a total of 81 out of the 163 cases notified up to the end of August from the whole of the County area, i.e., approximately 50 per cent.

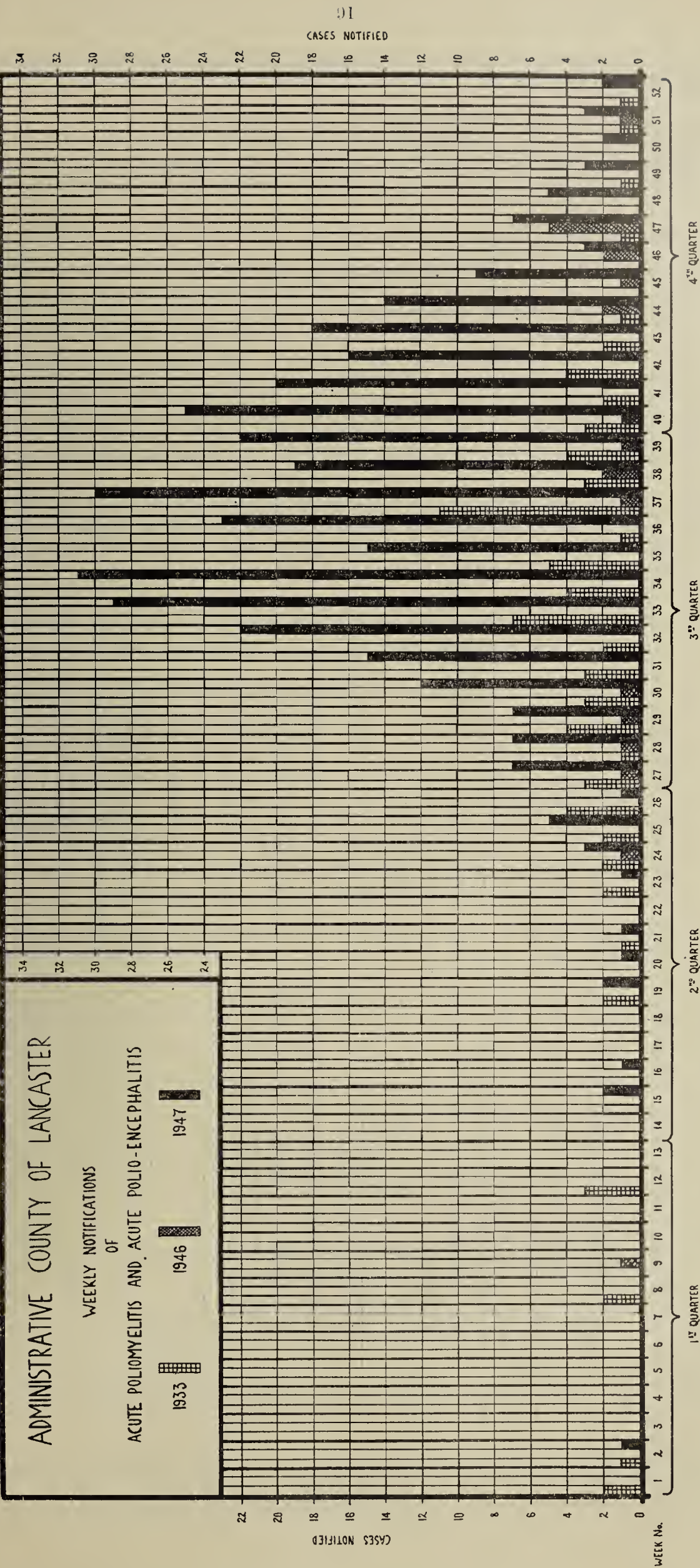
Case incidence remained high during September and October and, by the 31st October, the total number of cases had risen to 349, i.e., an increase of over 100 per cent. since the end of August. The case distribution, however, had shown a change during September and October, the vast majority of cases occurring in ones and twos scattered throughout the entire County area. Districts previously immune were recording their first cases and, in particular, scattered cases were being reported from South-West Lancashire, where, during the earlier period of the outbreak, few cases had been notified. The only concentrations of any note were in the area in and around Eccles, where notifications, however, had shown a marked decrease, and also in the urban districts of Ince-in-Makerfield and Hindley, where 13 cases were reported in September.

So, to summarise, the distribution of cases of anterior poliomyelitis and polioencephalitis during the year can be roughly separated into three main periods. First of all, the early and circumscribed outbreak in the Ulverston area occurring between April and mid-July; secondly, the steady and dramatic increase in the weekly case incidence during July and August to which the notifications from the Eccles area contributed in no small measure; and thirdly, the remainder of the year when the case incidence remained high in September and October but was comprised, in the main, of cases occurring in ones and twos scattered throughout the County area.

The table below gives, for the two diseases, particulars of case incidence and mortality classified by sex and certain age groups.

Age group	Acute poliomyelitis						Acute polio-encephalitis						Total of acute poliomyelitis and acute polio-encephalitis					
	Cases			Deaths			Cases			Deaths			Cases			Deaths		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5	99	79	178	4	5	9	7	5	12	2	1	3	106	84	190	6	6	12
5—	66	50	116	4	4	8	5	3	8	1	1	2	71	53	124	5	5	10
15—	6	7	13	1	—	1	—	—	—	—	—	—	6	7	13	1	—	1
20—	6	7	13	1	3	4	—	1	1	—	—	—	6	8	14	1	3	4
25—	10	3	13	5	—	5	1	—	1	—	—	—	11	3	14	5	—	5
30—	6	8	14	2	1	3	1	1	2	—	—	—	7	9	16	2	1	3
35—	1	5	6	—	1	1	—	—	—	—	—	—	1	5	6	—	1	1
40—	1	—	1	—	—	—	—	1	1	—	—	—	1	1	2	—	—	—
45—	3	2	5	—	—	—	—	—	—	—	—	—	3	2	5	—	—	—
All ages	198	161	359	17	14	31	14	11	25	3	2	5	212	172	384	20	16	36

An interesting point revealed by perusal of the above table is the very high incidence amongst children under school age. Fifty per cent. of all notified cases were under 5 years of age and approximately 81 per cent. of all cases occurred amongst those under 15 years of age. In the built-up industrial areas, however, an even higher incidence amongst pre-school children was evident and, amongst 21 cases notified from one very congested area, 19 were aged 3 years or under. In Eccles, which had as high an incidence as any other district in the County, 61 per cent. of the cases were amongst pre-school children. This is in contrast to the more rural Ulverston area where, out of the 13 cases notified, 11 were over 10 years of age and, of these, eight were aged 29 years or over.



The sex distribution of cases followed the normal trend, 212 cases being amongst males and 172 cases amongst females—a ratio of 1·2 : 1.

Amongst the total number of cases notified 36 deaths were reported, giving a case mortality of 9·3 per cent. The mortality was greater amongst the higher age groups, the nine deaths occurring amongst the 43 cases notified in those aged 25 years and over, producing a case mortality of 20·9 per cent. There were five deaths amongst the 25 cases notified as polio-encephalitis, i.e., a case mortality of 20 per cent.

Investigations carried out in close association with the local Medical Officers of Health made it evident that any obvious connection between cases was exceptional. A few cases did show a direct inter-connection, —for example, cases being members of the same family—whilst a few others gave a history of having been in contact with a case of indisposition which did not present the classical signs of poliomyelitis. But, in the main, the vast majority of cases showed no obvious connection with one another.

The possibility of sewage, public baths, water supplies, milk supplies, ice-cream, etc., being the major source of the rise was carefully considered during discussions with the Medical Officers of Health, but in no district could any of these items be indicted. Cases were found to have occurred chiefly in artisan families of a good type, and Sanitary Inspectors reported that the hygiene of the homes had invariably been satisfactory and that overcrowding had been the exception rather than the rule. In fact, it would almost appear that the virus shows a tendency to avoid the slum areas and poor districts.

Notifications of Infectious Diseases.—The table below, which is compiled from the quarterly returns of local Medical Officers of Health, shows the numbers of cases of infectious diseases notified during the year 1947 after corrections subsequently made either by notifying medical practitioners or by medical superintendents of infectious diseases hospitals:—

NOTIFICATIONS OF INFECTIOUS DISEASES (AFTER CORRECTION) FOR THE YEAR ENDED
31ST DECEMBER, 1947, ANALYSED BY SEX AND AGE

Scarlet fever	Diphtheria	Whooping cough	Measles (exclud- ing rubella)	Acute poliomyelitis	Acute polio- encephalitis	Sex	Age group	Sex	Acute pneumonia	Dysentery	Smallpox	Acute encephal- itis letargica	Enteric or typhoid fever	Paratyphoid fevers	Erysipelas	Cerebro-spinal fever
Administrative County																
1,326	151	1,738	11,285	195	13	M.	All	M.	856	237	—	3	5	5	151	48
1,670	176	1,978	11,092	155	12	F.	ages	F.	562	192	—	1	8	5	198	37
2,996	327	3,716	22,377	350	25	T.		T.	1,418	429	—	4	13	10	349	85
2	2	221	485	11	1	M.	0—									
5	2	191	454	13	—	F.										
7	4	412	939	24	1	T.										
98	7	450	2,576	35	4	M.	1—	M.	186	5	—	—	1	3	2	19
106	6	544	2,516	38	4	F.		F.	134	6	—	—	—	—	4	11
204	13	994	5,092	73	8	T.		T.	320	11	—	—	1	3	6	30
265	23	572	3,740	54	2	M.	3—									
242	19	635	3,645	25	3	F.										
507	42	1,207	7,385	79	5	T.										
598	59	467	4,068	45	2	M.	5—									
742	53	547	3,952	27	1	F.										
1,340	112	1,014	8,020	72	3	T.		M.	119	4	—	1	—	2	1	12
238	30	18	262	18	—	M.	10—	F.	61	—	—	1	—	—	4	12
375	32	25	289	22	2	F.		T.	180	4	—	2	—	2	5	24
613	62	43	551	40	2	T.										
83	15	3	81	11	2	M.	15—									
130	40	8	140	12	—	F.		M.	218	105	—	2	4	—	43	13
213	55	11	221	23	2	T.		F.	146	54	—	—	2	1	48	10
							25—	T.	364	159	—	2	6	1	91	23
40	12	3	53	21	2	M.										
68	20	23	76	17	2	F.		M.	217	94	—	—	—	—	65	3
108	32	26	129	38	4	T.	45—	F.	98	95	—	—	5	2	86	2
								T.	315	189	—	—	5	2	151	5
							65—	M.	110	29	—	—	—	—	39	1
								F.	120	36	—	—	1	2	54	2
								T.	230	65	—	—	1	2	93	3
2	3	4	20	—	—	M.	Un- known	M.	6	—	—	—	—	—	1	—
2	4	5	20	1	—	F.		F.	3	1	—	—	—	—	2	—
4	7	9	40	1	—	T.		T.	9	1	—	—	—	—	3	—

Other Notifiable Diseases

	Puerperal pyrexia	Ophthalmia neonatorum			* Chickenpox		
	F.	M.	F.	T.	M.	F.	T.
Administrative County	163	44	51	95	96	105	201

* Notifiable in eight districts only.

The following table gives the notifications, total deaths, removals to hospital and deaths in hospital, of cases of infectious diseases during 1947 in the Urban and Rural Districts and the Administrative County as a whole:—

Infectious Disease	Urban Districts				Rural Districts				Administrative County			
	Notifi- cations	Total deaths	Re- movals to hospital	Deaths in hospital	Notifi- cations	Total deaths	Re- movals to hospital	Deaths in hospital	Notifi- cations	Total deaths	Re- movals to hospital	Deaths in hospital
Scarlet fever	2,589	1	1,420	1	407	1	278	—	2,996	2	1,698	1
Diphtheria	289	8	270	3	38	4	38	4	327	12	308	7
Whooping cough	3,198	28	49	5	518	4	2	—	3,716	32	51	5
Measles (excluding rubella).....	19,760	26	231	10	2,617	4	12	—	22,377	30	243	10
Ac. poliomyelitis	298	} 30	265	15	52	} 6	50	4	350	} 36	315	19
Ac. polio-encephalitis	24		24	6	1		—	—	25		24	6
Ac. pneumonia (primary and influenzal)	1,222	*817	—	—	196	*109	—	—	1,418	*926	—	—
†Dysentery	226	—	17	—	203	—	1	—	429	—	18	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Ac. encephalitis lethargica	4	‡28	4	4	—	‡1	—	—	4	‡29	4	4
Typhoid and paratyphoid fevers	10	—	8	—	13	—	3	—	23	—	11	—
†Erysipelas	304	—	68	—	45	—	9	—	349	—	77	—
Cerebro-spinal fever	75	19	61	9	10	2	9	—	85	21	70	9
<i>Other notifiable diseases—</i>												
Puerperal pyrexia	140	6	70	1	23	4	21	1	163	10	91	2
†Ophthalmia neonatorum	91	—	37	—	4	—	1	—	95	—	38	—
†Malaria (contracted in this country)	—	—	—	—	—	—	—	—	—	—	—	—

* Deaths from pneumonia (all forms). † Deaths from these diseases are not available.
‡ Deaths from acute infectious encephalitis (lethargic or epidemic).

Below, comparison is made of the number of notifications of some of the principal infectious diseases during 1947 and the preceding 10 years:—

Infectious disease	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Typhoid and paratyphoid fevers	85	96	37	142	304	38	25	36	28	48	23
Scarlet fever	4,198	4,437	3,980	3,348	3,583	4,786	6,710	5,836	4,453	2,794	2,996
*Whooping cough	278	187	—	3,802	7,927	2,334	5,386	3,903	2,874	4,348	3,716
Diphtheria	2,855	4,571	3,297	2,772	3,354	2,169	1,760	1,450	1,137	654	327
Erysipelas	700	748	677	608	574	589	515	520	475	408	349
Smallpox	2	4	—	—	—	—	—	—	—	—	—
*Measles (excluding rubella)	607	1,721	—	30,071	11,166	18,267	14,353	13,622	13,883	9,100	22,377
Acute pneumonia (primary and influenzal)	2,527	1,876	1,989	2,568	2,235	1,874	2,558	1,703	1,570	1,661	1,418
Puerperal pyrexia	217	328	311	279	246	284	248	207	139	168	163

* Prior to February, 1940, these diseases were not compulsorily notifiable.

The chief features of a comparison of the above notifications over the whole period are the phenomenal drop in the number of cases of diphtheria, the decrease in the cases of scarlet fever and the steady reduction in the incidence of erysipelas. A reduction in the notifications of puerperal pyrexia since 1938 is also noticeable.

Tuberculosis.—The administration of the County Council’s scheme for the diagnosis and treatment of tuberculosis was in the hands of the County Tuberculosis Committee, and is dealt with in the Annual Report for 1947 of the Central Consultant Tuberculosis Officer.

Death-rates from the Principal Infectious Diseases.—The table below gives the death-rates per 1,000 of the population from the principal infectious diseases for the year 1947 and the preceding 52 years, showing the five years' averages:—

Year	Smallpox	Scarlet fever	*Diphtheria	†Typhoid and para-typhoid fevers	Measles	Whooping cough	‡Diarrhoea, etc.
1895.....	0.009	0.23	0.10	0.23	0.50	0.38	0.95
1896.....	0.005	0.24	0.09	0.23	0.49	0.36	0.48
1897.....	nil	0.15	0.08	0.19	0.66	0.27	0.77
1898.....	0.0005	0.10	0.07	0.26	0.25	0.19	1.00
1899.....	0.0005	0.18	0.18	0.24	0.44	0.26	1.05
Average 5 years, 1895-1899	0.0003	0.18	0.10	0.23	0.46	0.29	0.85
1900.....	0.0015	0.18	0.26	0.20	0.43	0.37	0.60
1901.....	nil	0.18	0.34	0.20	0.18	0.20	0.95
1902.....	0.0119	0.20	0.30	0.16	0.35	0.19	0.28
1903.....	0.0366	0.18	0.19	0.15	0.37	0.26	0.40
1904.....	0.0116	0.18	0.15	0.12	0.43	0.35	0.66
Average 5 years, 1900-1904	0.0123	0.18	0.24	0.16	0.35	0.27	0.57
1905.....	0.0033	0.13	0.15	0.14	0.26	0.15	0.52
1906.....	nil	0.11	0.16	0.14	0.36	0.13	0.79
1907.....	0.0005	0.09	0.15	0.09	0.37	0.28	0.26
1908.....	0.0005	0.10	0.16	0.12	0.18	0.24	0.54
1909.....	nil	0.12	0.15	0.10	0.35	0.14	0.18
Average 5 years, 1905-1909	0.0008	0.11	0.15	0.11	0.30	0.18	0.45
1910.....	nil	0.10	0.11	0.10	0.15	0.23	0.29
1911.....	nil	0.08	0.14	0.12	0.29	0.15	‡1.43
1912.....	nil	0.05	0.12	0.08	0.30	0.24	0.30
1913.....	nil	0.05	0.11	0.10	0.31	0.13	0.85
1914.....	nil	0.09	0.13	0.07	0.28	0.18	0.48
Average 5 years, 1910-1914	nil	0.07	0.12	0.09	0.26	0.18	0.67
1915.....	nil	0.08	0.14	0.07	0.49	0.20	0.52
1916.....	0.003	0.06	0.15	0.05	0.17	0.14	‡0.27
1917.....	nil	0.03	0.13	0.04	0.27	0.11	0.18
1918.....	nil	0.03	0.15	0.05	0.20	0.31	0.19
1919.....	nil	0.04	0.13	0.02	0.07	0.05	0.16
Average 5 years, 1915-1919	0.0006	0.04	0.14	0.04	0.24	0.16	0.26
1920.....	0.0005	0.03	0.11	0.03	0.19	0.09	0.25
1921.....	nil	0.03	0.09	0.02	0.04	0.15	0.27
1922.....	0.0005	0.05	0.08	0.02	0.20	0.12	0.13
1923.....	nil	0.03	0.05	0.02	0.07	0.11	0.12
1924.....	nil	0.02	0.05	0.01	0.14	0.13	0.13
Average 5 years, 1920-1924	0.0002	0.03	0.07	0.02	0.12	0.12	0.18
1925.....	nil	0.03	0.06	0.009	0.10	0.13	0.13
1926.....	0.0005	0.01	0.05	0.008	0.09	0.13	0.11
1927.....	0.0005	0.01	0.06	0.01	0.09	0.06	0.09
1928.....	0.0027	0.01	0.06	0.01	0.05	0.05	0.08
1929.....	0.0016	0.01	0.06	0.008	0.04	0.15	0.08
Average 5 years, 1925-1929	0.0010	0.01	0.05	0.009	0.07	0.10	0.09
1930.....	nil	0.02	0.06	0.008	0.11	0.03	0.08
1931.....	nil	0.01	0.05	0.007	0.03	0.05	0.06
1932.....	nil	0.01	0.06	0.007	0.07	0.06	0.05
1933.....	nil	0.01	0.06	0.006	0.03	0.04	0.05
1934.....	nil	0.02	0.08	0.003	0.06	0.03	0.05
Average 5 years, 1930-1934	nil	0.01	0.06	0.006	0.06	0.04	0.05
1935.....	nil	0.01	0.08	0.002	0.04	0.02	0.04
1936.....	nil	0.01	0.09	0.003	0.05	0.04	0.04
1937.....	nil	0.009	0.08	0.003	0.01	0.03	0.05
1938.....	nil	0.009	0.11	0.005	0.05	0.02	0.04
1939.....	nil	0.004	0.08	0.001	0.002	0.03	0.05
Average 5 years, 1935-1939	nil	0.008	0.08	0.002	0.03	0.02	0.04
1940.....	nil	0.001	0.07	0.001	0.02	0.02	0.05
1941.....	nil	0.003	0.09	0.005	0.01	0.06	0.06
1942.....	nil	0.006	0.05	0.0005	0.01	0.01	0.07
1943.....	nil	0.002	0.03	0.002	0.01	0.03	0.08
1944.....	nil	0.004	0.03	0.0005	0.01	0.01	0.07
Average 5 years, 1940-1944	nil	0.003	0.05	0.001	0.01	0.02	0.06
1945.....	nil	0.002	0.02	nil	0.01	0.01	0.09
1946.....	nil	0.001	0.01	0.002	0.004	0.02	0.10
1947							
Administrative County	nil	0.001	0.006	nil	0.01	0.01	0.11
Urban Districts	nil	0.0005	0.004	nil	0.01	0.01	0.11
Rural Districts	nil	0.003	0.01	nil	0.01	0.01	0.12
§England and Wales	0.00	0.00	0.01	0.00	0.01	0.02	0.11

* From 1899 membranous croup included. † Prior to 1911 the "fever" death-rate included deaths from typhus and continued fevers (if any). ‡ From 1911 enteritis deaths included. Since 1916, the "diarrhoea" death-rate includes deaths from diarrhoea, etc., under two years of age only. § Provisional figures.

Disinfection.—The following statement, showing the position of the County districts in regard to the provision of disinfecting apparatus, is prepared from information supplied by local Medical Officers of Health:—

Districts provided with steam apparatus, or using steam apparatus at hospitals.....	70
„ using steam apparatus belonging to other districts (mainly County or Municipal Boroughs)	21
„ provided with dry heat apparatus or gas	2
„ without proper appliances	16

The number of houses or rooms disinfected during 1947 following the occurrence of infectious disease was 5,597, the method employed being chiefly the use of formaldehyde sprays and vapours.

DIPHThERIA IMMUNISATION

Immunisation during 1947.—Immunisation has for some time been undertaken in all districts of the Administrative County and the statement below, compiled from returns of local Medical Officers of Health, shows the numbers immunised during each of the last three years.

Year	Number immunised			
	Pre-school children	School children	Adults	Total
1945	21,134	8,235	188	29,557
1946	21,684	7,078	77	28,839
1947	22,909	4,486	9	27,404

In 1938 the comparative figures were: pre-school children 1,932, school children 9,355, and adults 80—a total of 11,367.

It will be noted that there has been a considerable reduction in the numbers of school children receiving artificial protection. A reference to the table in the following paragraph, however, shows that, of the school child population, the percentage who enjoyed protective immunity increased during the same period, due, no doubt, to the movement into that class of immunised children from the pre-school age group. To improve, or even to maintain, the immunity of the child population as a whole, it is obvious that efforts are best concentrated on the pre-school group, and, although the number of children immunised in this group during 1947 shows an increase over those for 1945 and 1946, it is a matter for regret that the increase was insufficient materially to affect the state of immunisation within the group.

Immunisation State of Child Population.—The table below shows the approximate immunisation state of the estimated child population in the Administrative County at the 31st December, 1947, and, for comparison, the notifications of and deaths from diphtheria in 1947, together with their corresponding attack and case fatality rates, in respect of both those immunised and those not so protected. Similar information in respect of the years 1945 and 1946 is also included for purposes of comparison:—

	Percentage of total population in age group			No. of cases of diphtheria			Attack rate per 1,000 of population in age group			No. of deaths from diphtheria			Case fatality rate per cent.		
	1945	1946	1947	1945	1946	1947	1945	1946	1947	1945	1946	1947	1945	1946	1947
<i>Children under 5 years of age</i>															
Immunised	47.5	48.2	47.7	41	41	15	0.59	0.58	0.19	1	—	1	2.43	—	6.66
Not immunised	52.5	51.8	52.3	167	93	44	2.20	1.22	0.52	15	11	8	8.98	11.82	18.18
Total	100.0	100.0	100.0	208	134	59	1.44	0.91	0.36	16	11	9	7.68	8.20	15.25
<i>Children aged 5 to 14 years</i>															
Immunised	69.9	74.9	77.1	203	146	65	1.11	0.76	0.33	2	—	—	0.49	—	—
Not immunised	30.1	25.1	22.9	394	182	109	5.02	2.85	1.86	23	9	2	5.83	4.94	1.83
Total	100.0	100.0	100.0	597	328	174	2.28	1.08	0.68	25	9	2	4.18	2.74	1.14
<i>All children under 15 years of age</i>															
Immunised	62.0	65.2	65.8	244	187	80	0.97	0.51	0.29	3	—	1	1.22	—	1.25
Not immunised	38.0	34.8	34.2	561	275	153	3.63	2.35	1.07	38	20	10	6.77	7.27	6.53
Total	100.0	100.0	100.0	805	462	233	1.98	1.15	0.56	41	20	11	5.09	4.32	4.72

It will be seen from the above that, by the end of 1947, of the children under 15 years of age, 65.8 per cent. had been immunised, as compared with 65.2 per cent. in 1946 and 62.0 per cent. in 1945. A more noteworthy improvement was secured in the group of children aged 5 to 14 years, but the effect of this improvement upon the state of immunisation of the total child population was largely nullified by the slight decrease in the immunity state of the children under 5 years of age. Similarly, a comparison of the total case fatality rates in each age group points to the real need for a much greater effort to be directed towards the protection of children under 5 years of age.

With regard to the above figures, it should be pointed out that they do not fully indicate the extent to which immunisation has been carried out. It is known, for example, that in a number of County districts immunisation has been carried out privately on a fairly large scale and records in respect of the children so immunised are not available.

The state of immunisation of the child population by age groups is shown in detail for each sanitary district in the Administrative County in table 6, pages 130 to 134.

MIDWIFERY, MATERNITY AND CHILD WELFARE

Until the operation of the National Health Service Act, 1946, the County was for administrative purposes divided into—

- (a) the Midwifery area of the County Council;
- (b) the Midwifery area of the four local authorities which were autonomous in this respect—
Darwen (B), Eccles (B), Leigh (B) and Stretford (B);
- (c) the Maternity and Child Welfare area of the County Council;
- (d) the Maternity and Child Welfare area of the local authorities, autonomous for this purpose.

MIDWIVES ACTS, 1902-36

The following report is not in such detail as in pre-war years, but the main features of the year's work are presented. For purposes of comparison the corresponding figures for 1946 are given.

Midwifery Area.—The County Council was the Local Supervising Authority responsible for the administration of the Midwives Acts in the whole of the Administrative County area, with the exception of the Boroughs of Darwen, Eccles, Leigh and Stretford. The statistics, therefore, exclude these districts.

Midwifery Service.—At the end of the year 1947 the Committee employed 191 whole-time salaried midwives, nearly all of whom worked in urban areas. To cover the rural parts of the Administrative County arrangements existed with 60 Nursing Associations.

There were occasions, arising largely through sickness, when it was difficult to meet the statutory obligation to provide an adequate domiciliary service. The Committee's system of a pool of relief midwives, and relief within an area, helped very much in providing the necessary service.

District Teachers.—The domiciliary midwives approved as District Teachers continued to work in association with the Jericho and Moorlands Hospitals. They met at the hospitals to facilitate co-operation in the training of pupils. This combined training again proved extremely useful in recruiting permanent domiciliary staff.

The work of the District Teachers of Midwifery was excellent with very good results in the examinations. Each pupil was seen at her work by one of the Supervisors and many of these pupils have been recruited to the County Domiciliary Midwifery Staff.

The County Council also agreed to provide District Teachers of Midwifery for pupil midwives taking their Part II Course at Sharoe Green Hospital, Fulwood.

Maternity Outfits.—Sterilised maternity outfits were supplied free of cost to all patients attended under the Committee's scheme.

Uniform.—Prior to July, 1946, a cash allowance was made to the Council's Domiciliary Midwives towards the cost of uniform required to be worn in the course of their professional duties.

As from the 1st July, 1946, the County Council decided to provide uniform by direct purchase. Some time previously a circular was received from the Central Midwives Board to the effect that, after consultation with various interested bodies, they had decided to establish a national uniform for midwives. The County Council adopted the national uniform and, in addition, provided a special metal badge indicating the employing authority.

The majority of the Council's Domiciliary Midwives have now been supplied with both indoor and outdoor uniform in accordance with the specifications of the Central Midwives Board.

Gas/Air Analgesia.—The number of midwives qualified to administer analgesics is shown below:—

County Council midwives	167
District nurse-midwives	57
Midwives in independent practice	20
TOTAL	<u>244</u>

The training of midwives in gas/air analgesia continued throughout the year; the majority of the midwives qualified in this form of analgesia have been supplied with Minnitt's gas/air machines.

Inspection and Lectures.—The Supervisors of Midwives maintained supervision throughout the year. Nursing visits were made with the midwives to the homes of the patients. These visits were most useful in encouraging a high standard of technique.

Demonstrations and lectures were arranged and given to midwives in various parts of the County.

Provision of Motor Cars.—**County Council Schemes.**—Applications from County Council midwives to purchase new cars under the above schemes outnumbered the cars available. However, during the year, 50 new cars were obtained for midwives.

Housing of County Council Midwives.—The policy of purchasing sites and building houses for County Council domiciliary midwives continued to be developed.

The County Council approved the following programme for the provision of 42 houses and authorised application to be made to the Minister of Health for consent to the raising of a loan of £77,280 for the purpose:—

1947-48—10 sites and houses.	Estimated cost, £18,400.
1948-49—22 sites and houses.	Estimated cost, £40,480.
1949-50—10 sites and houses.	Estimated cost, £18,400.

During the year the Minister approved tenders for the erection of one house each in Milton Street, Royton; Grimshaw Lane, Ormskirk; Laurel Avenue, Chadderton; and for two houses in Fletcher Avenue, Clifton, Swinton.

A house, number 14 Upper George Street, Tyldesley, was purchased at district valuation from the Civil Defence Department and was converted into two self-contained flats. The flats are now occupied by two district midwives on service tenancies.

Several applications were made to local housing authorities for council houses for district midwives and the authorities listed below made available the premises indicated:—

Atherton U.D.	28 Somerset Road, Atherton.
Middleton M.B.	91 Kenyon Lane, Middleton.
Royton U.D.	9 Fourth Avenue, Royton.
Widnes M.B.	1 Wavell Avenue, Widnes.

Payment of Doctors' Fees.—Under the Midwives Act, 1918, a medical practitioner called in by a state certified midwife in accordance with the rules of the Central Midwives Board is paid by the Local Supervising Authority. The statement below shows the number of medical aid forms received and the number of claims submitted by medical practitioners:—

Year	No. of medical aid forms received	No. of claims by medical practitioners	Total amount paid
1946	5,516	4,158	£ s. d. 7,498 11 0
1947	6,339	4,834	8,895 14 6

Roll of Midwives.—The number of state certified midwives on the County register on the 31st December, 1947, was 437. The number at the end of 1946 was 416.

Year	State Certified Midwives		
	Resident in Municipal Boroughs and Urban Districts	Resident in Rural Districts	Resident in areas of other Local Supervising Authorities
1946	290	77	49
1947	299	85	53

Domiciliary Births.—The number of domiciliary births attended by midwives is shown in the following table:—

Description of midwife	Domiciliary births attended					
	Year 1946			Year 1947		
	As midwife	As maternity nurse	Total	As midwife	As maternity nurse	Total
County Council	9,980	2,009	11,989	11,873	2,438	14,311
District Nursing Associations.....	1,777	784	2,561	2,566	715	3,281
In independent practice	1,182	1,359	2,541	345	171	516
TOTALS	12,939	4,152	17,091	14,784	3,324	18,108

Medical Aid Forms.—For certain scheduled abnormalities a midwife, acting as a midwife, is obliged to issue a medical aid form calling in a doctor.

Year	Births attended (live and still)	Number of medical aid forms issued
1946	12,939	5,516
1947	14,784	6,339

Stillbirths.—The figures given below refer to domiciliary cases attended by midwives as midwives:—

Year	Births attended (live and still)	Number of stillbirths	Percentage of still- births to total births attended
1946	12,939	176	1.35
1947	14,784	162	1.09

MATERNITY AND CHILD WELFARE

The following report is mainly confined to a statement of the work which was undertaken. The relevant vital statistics are set out on page 135.

At the end of 1947 the maternity and child welfare work in the Administrative County was carried out by the County Council in 76 County districts, and by autonomous "Welfare Councils" in 33. The table below indicates the relative positions in 1946 and 1947:—

	1946		1947	
	Estimated population	Number of live births	Estimated population	Number of live births
Undertaken by the County Council (76 districts)	985,172	17,850	1,003,913	20,120
Undertaken by Local Sanitary Authorities (33 districts)	939,708	17,614	955,247	20,017
TOTALS: Administrative County	1,924,880	35,464	1,959,160	40,137

The following statement shows the live birth-rate, infant mortality rate and maternal mortality rate in the County Maternity and Child Welfare area for each of the years 1940 to 1947:—

	1940	1941	1942	1943	1944	1945	1946	1947
Live birth-rate (per 1,000 esti- mated civilian population).....	14.71	15.03	16.00	17.30	18.73	16.64	18.11	20.04
Infant mortality rate (per 1,000 live births)	54	62	51	53	43	48	46	46
Maternal mortality rate (per 1,000 total live and still births)	3.88	2.88	2.45	2.56	2.35	2.23	1.73	1.35

Health Visiting.—The following statement shows the number of visits made by health visitors to young children and expectant mothers in the years 1946 and 1947:—

(a) Home Visits:—	1946	1947
Infants under 1 year of age:		
No. of first visits	12,746	19,160
No. of re-visits	26,007	34,077
Children 1 to 5 years of age:		
No. of visits	26,566	29,142
(b) Antenatal work:—		
Expectant mothers:		
No. of first visits	1,961	2,758
No. of re-visits	1,066	1,283

Child Welfare Centres.—At the end of 1947 there were 104 child welfare centres maintained by the County Council—an increase of two during the year.

	1946	1947
No. of child welfare centres open at end of year	102	104
No. of sessions during the year	4,756	5,031
No. of attendances by children:		
Under 1 year of age	169,344	195,629
1 to 2 years of age	36,662	31,002
2 to 5 years of age	23,533	17,688
No. of individual expectant mothers who attended	1,153	1,062
No. of attendances by expectant mothers	3,927	3,046

Antenatal Clinics.—At the end of 1947 there were 32 antenatal clinics which had been established by the County Council. In 1946 the number was 29.

Arrangements are also in existence whereby County patients may attend antenatal clinics established by other authorities or hospitals.

The attendance figures are set out in the following table:—

	No. of clinics		No. of individual women attending		No. of attendances	
	1946	1947	1946	1947	1946	1947
County Council antenatal clinics	29	32	6,378	8,888	23,383	26,032
Antenatal clinics of other authorities and hospitals.....	9	9	1,090	1,318	4,488	5,786
Antenatal clinics at County Hospitals and public assistance institutions	6	6	2,545	1,619	13,302	12,242
TOTALS	44	47	10,013	11,825	41,173	44,060

Admissions to Hospital.—At the end of 1947 the County Council had arrangements with 45 hospitals, including seven County hospitals, for the reception of patients who showed some obstetric abnormality or whose home environment was unsuitable for confinement. During the year 1947, 2,172 patients were admitted under the arrangements. This figure refers only to the type of patient described above, who was the responsibility of the Midwives, Maternity and Child Welfare Committee. There were, in fact, 7,764 additional maternity patients admitted to the County Council's hospitals and institutions during the year 1947. Considerable difficulty was experienced in securing the admission of patients during the year.

***Puerperal Pyrexia.**—By the terms of the Puerperal Pyrexia Regulations, 1939, “any febrile conditions” within certain limits, must be notified. The term, therefore, includes such conditions as the common cold, providing the temperature is within the prescribed limits.

During the year 1947 the number of notifications of cases of puerperal pyrexia was 147. These notifications are analysed below:—

Cases attended at childbirth solely by midwives	45
Cases in which midwives acted as nurses under the supervision of medical practitioners	27
Cases attended by medical practitioners, no midwives being in attendance	8
Cases occurring in institutions	67
TOTAL	147

***Ophthalmia Neonatorum.**—During the year 1947 there were 75 notified cases of ophthalmia neonatorum. In no case did blindness result.

In fact, in the County Council Midwifery area there has been no case of blindness from this cause since 1936.

Illegitimate Children.—Arrangements for the supervision and care of the illegitimate child were made by the County Council in close co-operation with the Voluntary Associations for Moral Welfare. Through the associations, provision was made for the care of mothers during confinement, and for the accommodation of the infant in a nursery until the mother was able to undertake full responsibility for its welfare, or other arrangements, e.g., for its adoption, had been made.

*NOTE.—The statistics for puerperal pyrexia and ophthalmia neonatorum relate to cases occurring in the County Council Midwifery area, i.e., the whole Administrative County with the exception of the Municipal Boroughs of Darwen, Eccles, Leigh and Stretford.

Nurseries.—At the end of 1947 the County Council administered 27 nurseries, including three which provided night accommodation.

The local voluntary committees, established to undertake the management of the nurseries locally, continued to do useful work during the year, particularly in the matter of staffing.

Medical supervision of the nurseries was maintained by the Assistant County Medical Officers.

The 27 nurseries had accommodation for 1,290 children by day and 48 children by night.

The following statement shows the percentage of the total accommodation provided, represented by (a) the average day attendances (Mondays to Fridays) and (b) the number of children on roll during each month of the year 1947:—

Month	Percentage of day accommodation provided, represented by	
	Average day attendances	Number of children on roll
1947		
(28 Nurseries)		
January.....	59.4	95.0
February.....	43.0	92.3
(27 Nurseries)		
March.....	71.1	97.6
April.....	76.1	101.4
May.....	77.8	100.0
June.....	79.5	104.2
July.....	78.2	104.2
August.....	73.9	103.5
September.....	83.4	102.3
October.....	86.4	103.1
November.....	83.2	102.4
December.....	75.4	101.9

The numbers of mothers released for employment and the staff engaged in the nurseries at the end of December, 1947, were as follow:—

Number of mothers released for employment—

Full-time	1,165
Part-time	42
TOTAL	1,207

Staff engaged in the nurseries—

(Equivalent of full-time personnel)	353
-------------------------------------------	-----

Care of Premature Infants.—Midwives and others have been requested to submit details of infants who are born prematurely.

The term “premature” in the ordinary sense applies to every infant born before full term, i.e., before the 280th day following conception. There are obvious reasons why it is preferable to adopt the alternative criterion of foetal nutrition, and the International Committee of the League of Nations recommended that each infant whose birth weight is 5½lbs. or less should be regarded as premature. This criterion is the one adopted in this country. In Lancashire a special note is endorsed on the Notification of Birth cards in respect of all infants whose birth weight is 5½ lbs. or less.

During the year 1947, 741 infants were born prematurely to mothers normally resident in the welfare area of the County Council.

Of these children 291 were born at home and 450 in hospitals or maternity homes.

The following statement shows the survival rates of children in each case:—

	Born at home	Born in hospital or maternity home
(a) Total births	291	450
(b) Died within 24 hours	28	41
(c) Percentage of infants surviving 24 hours	90·4	90·9
(d) Died within 7 days	57	95
(figures include (b))		
(e) Survived 1 month	192	379
(f) Percentage of children surviving at 1 month	66·0	84·2

Most of the deaths in the neonatal period are attributable to such conditions as congenital malformations, congenital defects, congenital debility and wasting diseases. It is clear that the causes of mortality in this period are different from the causes of mortality in later months, and it is also apparent that they are less amenable to those influences which have led to the well-marked reduction in the infantile mortality rate as a whole during the present century.

Attention continues to be devoted to the care of the premature child. Special equipment, including jackets for infants, hot-water bottles, special feeding bottles and thermometers, has been issued to County Council midwives so that it is readily available for use in cases of premature birth. Hospital accommodation is available for those infants born at home for whom institutional treatment is desirable.

The attention of midwives and health visitors has been drawn to the importance of special measures in the home—as, for example, the desirability of a separate bedroom for the mother and infant—and they are also encouraged to attend special courses of instruction on the care of the premature child.

Relevant Vital Statistics.—In Table 7, page 135, are set out the vital statistics for the year 1947 for each of the four divisions of the County for midwifery and maternity and child welfare purposes and, as a comparison, the figures for 1946 are also given.

BLIND PERSONS ACTS, 1920 AND 1938

At the time of writing (November, 1948) the services of the County Council in connection with the welfare of blind persons operate under certain provisions of the National Assistance Act, 1948, which became effective on the 5th July, 1948. Prior to this date, however, and throughout the year under report, County Councils and County Borough Councils, whether in combination with any other Council or Councils or otherwise, were empowered by the above Acts to make arrangements for promoting the welfare of blind persons ordinarily resident within their area, and such Councils could, for this purpose, provide and maintain or contribute towards the provision and maintenance of workshops, hostels, homes or other places for the reception of blind persons.

Section 2 of the Blind Persons Act, 1938, provided that all assistance given to blind persons by local authorities (other than institutional or medical assistance) must be given under the Blind Persons Act and not by way of poor relief. The section also required that local authorities, in giving financial assistance to a blind person, should take into account the needs of any members of his household who were dependent on him.

The Public Health and Housing Committee of the County Council were responsible for the administration of the Acts, and the expenses incurred by the County Council under the Acts were defrayed out of the County fund as expenses for general purposes.

The Education Committee, acting through the School Medical Sub-Committee, were charged with the duty of educating and training the blind, and the Public Health and Housing Committee were charged largely with the duty of providing employment for the employable blind and financial assistance for the unemployable blind, together with a number of varied activities which may be summed up under the general heading of "Social Work". It might, perhaps, appear that this division of duties would cause a certain lack of co-ordination in dealing with the blind, but as the officials of the Public Health Committee and the School Medical Sub-Committee were the same, there was unity of purpose and complete co-ordination in execution.

The main effort of the County Council was directed towards:—

- (a) Providing treatment, either at hospital or otherwise, for persons where there was a danger of permanent blindness if efficient treatment was not promptly undertaken.
- (b) The education and training of blind children and adults.
- (c) The provision of employment for those who were employable.
- (d) The provision of financial or other assistance to unemployable and necessitous blind persons and their sighted dependants.
- (e) The provision of home teaching and the social welfare of the blind.

The scheme was worked through the following Workshops and Societies for the Blind, and as far as possible co-operation was arranged with other local authorities under the Act:—

Accrington and District Institution for the Blind.
 Ashton-under-Lyne and District Society for the Blind.
 Barrow, Furness and Westmorland Society for the Blind.
 Blackburn Workshops for the Blind.
 Blackburn and Darwen Society for Visiting and Instructing the Blind.
 Blackpool and Fylde Society for the Blind.
 Bolton Workshops for the Blind.
 Burnley and District Home Teaching Society for the Blind.
 Burnley Workshops for the Blind.
 Colne and District Society for the Blind.
 Fulwood Workshops and Homes for the Blind, Preston.
 Heywood and Whitefield Blind Welfare Society.
 Liverpool, Cornwallis Street, Workshops for the Blind.
 Liverpool Catholic Blind Asylum.
 Liverpool, Hardman Street, Workshops for the Blind.
 Manchester and Salford Blind Aid Society.
 Manchester, Henshaw's Institution for the Blind.
 Oldham (Men's Workshops).
 Oldham (Blind Women's Industries).
 Oldham Blind Persons Act Sub-Committee.
 Rochdale and District Blind Welfare Society.
 Rossendale Society for the Blind.
 St. Helens and District Society for the Welfare of the Blind.
 Warrington, Widnes and District Society for the Blind.
 Wigan, Leigh and District Workshops for the Blind.
 National Library for the Blind (Northern Branch, Manchester).

The above Institutions, Workshops and Societies for the Blind were controlled by Voluntary Committees with the following exceptions:—

Blackburn Workshops for the Blind.
 Bolton Workshops for the Blind.
 Burnley Workshops for the Blind.

REGISTRATION OF BLIND PERSONS

The County Council maintained such a system of registration of blind persons as gave them all the necessary information for the administration of these Acts. No person's name was included on the register of blind persons maintained by the County Council unless he was certified to be blind within the meaning of the Acts by one of the Assistant County Medical Officers or Ophthalmic Surgeons with whom the County Council made special arrangements.

The form of certificate which was completed on behalf of the County Council when alleged blind persons were examined was the same as the one recommended by the Ministry of Health and the Ministry of Education.

The following table shows the number of blind persons in the Administrative County area distributed according to age groups for the years 1946 and 1947:—

Year	0—	5—	16—	21—	40—	60—	Total
1946	11	57	51	389	906	2,445	3,859
1947	9	62	54	353	928	2,458	3,864

TRAINING OF YOUNG PERSONS AND ADULTS

Before selecting the occupation in which a blind person was to be trained, the capability of the individual was considered, and also the prospect of employment being found for him in that occupation in the locality in which he lived. The future employing agency was notified from time to time of the progress each blind person was making, and in the last few months of training definite arrangements were made for the blind person to report at the workshop or society for the blind, nearest to his home, for employment as a workshop employee or home worker.

EMPLOYMENT IN WORKSHOPS

When a blind person had completed his training and there was a workshop for the blind within reasonable distance from his home, arrangements were made for his employment there. The occupations carried on at the workshops for the blind were as follow:—

Round machine knitting.	Brush making.
Flat machine knitting.	Skip making.
Furniture making.	Chair caning.
Mat making.	Rush seating.
Basket making.	

At the 13 Workshops for the Blind in Lancashire, the County Council paid grant in respect of blind workshop employees at the same rate as the County Borough Council having blind workshop employees at the same workshop for the blind.

The following table shows the number of blind persons employed and the number in receipt of domiciliary assistance:—

	1946	1947
Employed in Workshops for the Blind	169	174
Employed as "Home Workers"	58	57
In receipt of domiciliary assistance	2,478	2,501
Sighted dependants of blind persons in receipt of domiciliary assistance	587	589

HOMES FOR THE AGED BLIND

Accommodation was provided in Homes for the Blind for suitable adult blind persons who were aged or infirm or incapable of work and were in need of such accommodation. The blind person usually contributed 21s. a week out of his old age pension of 26s. a week and the balance of the maintenance fee was paid by the County Council.

The following statement shows the Homes and the number of blind persons from the Administrative County area resident there at the end of 1947:—

Barrowford, Richardson House	1
Blackpool, Sunbeam Home of Rest	6
Harrogate, Westlands Home	1
Macclesfield, Mary Ann Scott Home	10
Nelson, Springhill Home	8
Pendleton, Elms Home	5
Pendleton, Oaklands Home	8
Rhyl, Thomas Briggs Lomas Home	4
Southport, Godfrey Ermen Memorial Home	2
	—
	45
	—

HOME TEACHERS OF THE BLIND

During the year under report the County Council employed 39 Home Teachers of the Blind who were employed wholly in visiting blind persons resident in the Administrative County area.

PROVISION OF DENTAL TREATMENT, SPECTACLES AND SURGICAL APPLIANCES

The County Council paid the cost of dental treatment, spectacles and surgical appliances for necessitous blind persons in all cases where the expenditure was in the first instance approved by the County Medical Officer.

PERMANENT MEDICAL RELIEF LIST

Blind persons who were in receipt of domiciliary assistance had their own and their sighted dependants' names included on the Permanent Medical Relief List whereby they received the services of the District Medical Officer free of charge.

Since the 5th July, 1948, the above services, with the exception of those transferred to other bodies under the National Health Service Act, 1946 (Hospital treatment, etc.), and the National Assistance Act, 1948 (Domiciliary assistance services), have been continued without change under Section 29 of the National Assistance Act, 1948.

DISABLED PERSONS (EMPLOYMENT) ACT, 1944

Welfare of the Blind

Under the Disabled Persons (Employment) Act, 1944, the Minister of Labour and National Service has certain responsibilities towards all persons registered as disabled persons. Section 15 of the Act provides for the employment "under special conditions" of registered persons who are severely disabled; sub-section 5b empowers the Minister to make payments to Undertakings in respect of expenses incurred by them in providing facilities to enable severely disabled persons to be employed under special conditions; and sub-section 5c empowers the Minister to make payments to any local authority which in fulfilment of statutory obligations is providing facilities to enable severely disabled persons to undertake work under special conditions. Section 17 empowers the Minister to establish both national and local machinery to advise and assist him in carrying out the provisions of the Act.

It was agreed between Ministers that the Minister of Labour and National Service would exercise his powers under the Disabled Persons (Employment) Act, 1944, in relation to blind persons. The proposals of the Minister are designed to enable him to exercise these powers in such a way as to secure full co-operation between Local Authorities, Voluntary Undertakings and the Ministry of Labour and National Service. In particular the employer/worker relationship that then existed in the blind workshops has not been disturbed, and no change has been made in the management of these workshops; that is to say, in a municipally owned workshop for the blind, management has continued to rest with the local authority and in a voluntary workshop acting on behalf of one or more local authorities, management has continued to rest with the existing Management Committee.

CIVIL NURSING RESERVE

Civil Nursing Reserve Register.—On the 31st December, 1947, there were 152 names on the Lancashire Register as follows:—

	Trained nurses	Assistant nurses	Nursing auxiliaries	Total
Mobile	9	28	11	48
Immobile—Full-time.....	16	22	23	61
TOTAL—Full-time	25	50	34	109
Immobile—Part-time	4	11	28	43
TOTAL on Register	29	61	62	152

Number employed in Lancashire County Council hospitals	98*
„ „ „ other hospitals	49
„ „ „ nurseries	9
Number temporarily unemployed	12

* Includes 16 from other Local Emergency Organisations.

Resignations, Withdrawals and Enrolments.—During 1947 resignations and withdrawals numbered 110 and enrolments 49.

Thirty-one nurses made application to the General Nursing Council for admission to the Roll of Assistant Nurses and all were accepted.

On the 4th July, 1948, the Civil Nursing Reserve ceased to exist. By this date the Lancashire Register had been reduced still further and consisted of 26 trained nurses, 55 assistant nurses and 50 nursing auxiliaries—a total of 131. All members agreed to continue working in the hospitals or nurseries where they had served as members of the Civil Nursing Reserve.

TABLES, ETC.

ADMINISTRATIVE COUNTY OF LANCASTER

BIRTH AND DEATH RATES, 1889-1947

RATES
1889
1900
EST.
POPULATION
BIRTH-RATE ——— DEATH-RATE - - - - -

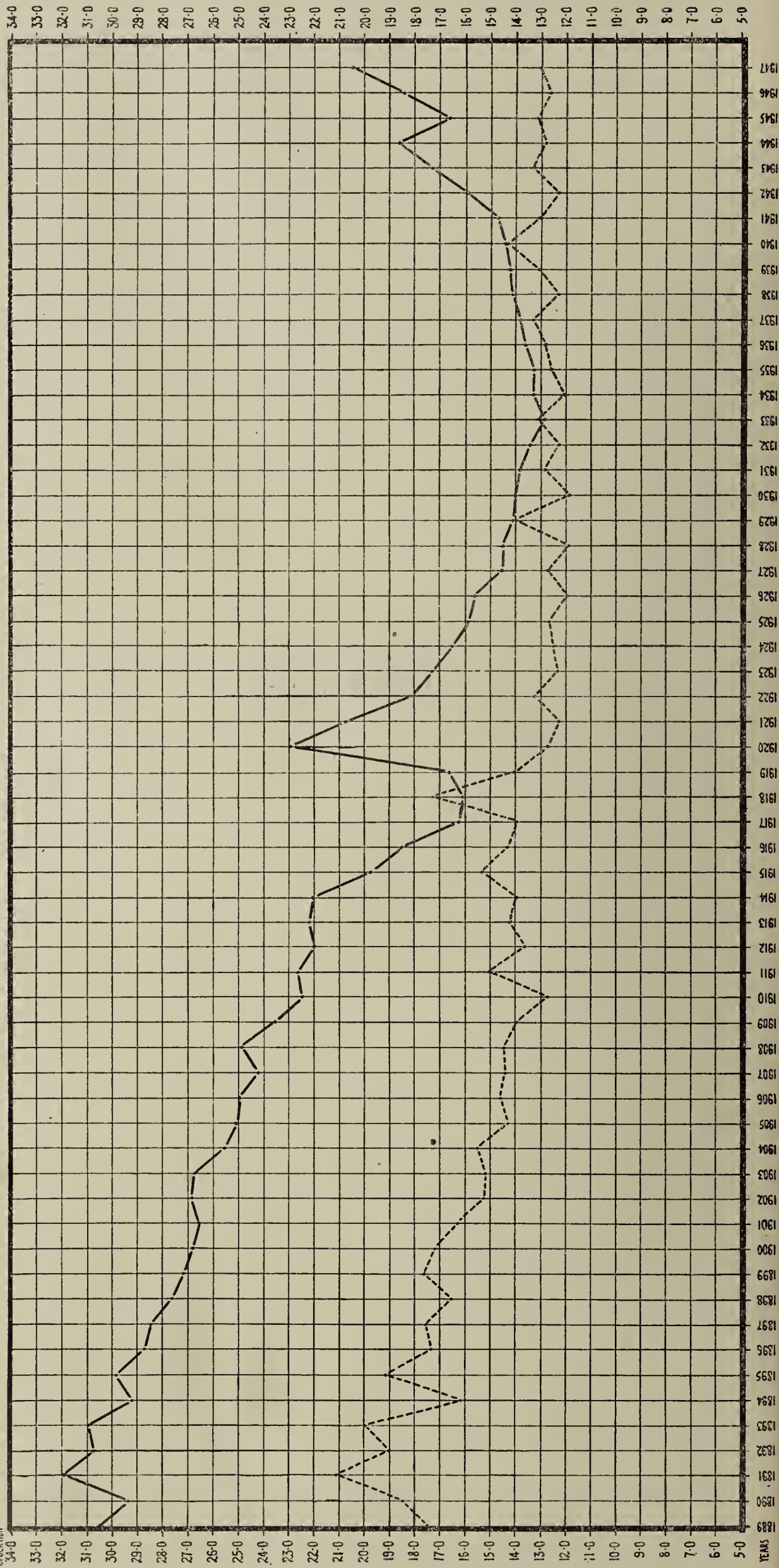


TABLE 1.—COUNTY BIRTH AND DEATH RATES FOR YEARS 1889-1947.

YEAR	LIVE BIRTH-RATE per 1,000 population			CRUDE DEATH-RATE per 1,000 population			INFANT MORTALITY per 1,000 live births		
	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts
1889	30.5	31.8	29.6	17.5	18.4	16.6	160	161	125
1890	29.3	29.7	28.1	18.5	18.9	16.6	152	158	126
1891	31.93	32.45	29.48	21.09	21.70	18.19	157	160	139
1892	30.70	31.11	28.01	19.00	19.34	17.31	150	155	124
1893	30.95	31.35	28.94	19.97	20.37	17.94	177	183	145
1894	29.19	29.49	27.70	16.16	16.42	14.87	134	138	109
Average 6 years, 1889-1894	30.42	30.98	28.63	18.70	19.18	16.91	155	159	128
1895	29.82	30.23	27.57	19.16	19.63	16.57	171	178	127
1896	28.73	29.11	26.62	17.38	17.76	15.25	155	161	121
1897	28.45	28.65	27.29	17.48	17.82	15.55	169	174	138
1898	27.62	27.89	25.80	16.58	16.80	15.09	168	173	130
1899	27.09	27.31	25.53	17.60	17.88	15.65	175	181	134
Average 5 years, 1895-1899	28.34	28.63	26.56	17.64	17.97	15.62	167	173	130
1900	26.80	26.96	25.72	17.19	17.46	15.26	162	167	123
1901	26.57	26.78	25.13	16.28	16.58	14.21	161	167	118
1902	26.85	26.95	26.14	15.26	15.43	14.08	139	143	116
1903	26.77	27.04	24.96	15.22	15.44	13.69	140	143	114
1904	25.56	25.66	24.90	15.54	15.78	13.81	157	162	124
Average 5 years, 1900-1904	26.51	26.67	25.37	15.89	16.13	14.21	151	156	119
1905	25.06	25.22	23.99	14.32	14.52	12.99	132	137	101
1906	24.99	25.11	24.22	14.62	14.81	13.33	139	143	109
1907	24.23	24.47	22.60	14.40	14.59	13.11	125	129	96
1908	24.86	25.05	23.60	14.45	14.61	13.31	131	136	97
1909	23.57	23.67	22.91	13.96	14.08	13.11	115	119	87
Average 5 years, 1905-1909	24.54	24.70	23.46	14.35	14.52	13.17	128	132	98
1910	22.48	22.47	22.52	12.73	12.83	12.09	117	121	93
1911	22.64	22.88	21.15	15.05	15.33	13.25	144	148	111
1912	22.00	22.09	21.42	13.61	13.76	12.60	104	106	89
1913	22.20	22.41	20.86	14.20	14.39	13.00	124	128	100
1914	22.02	22.19	20.95	13.95	14.17	12.53	112	115	96
Average 5 years, 1910-1914	22.26	22.40	21.38	13.90	14.09	12.69	120	123	97
1915	19.78	19.91	18.95	15.32	15.60	13.57	119	123	94
1916	18.54	18.54	18.59	14.31	14.47	13.32	99	101	82
1917	16.25	16.27	16.08	13.98	14.05	13.56	96	96	94
1918	16.08	16.09	16.06	17.26	17.40	16.41	100	101	90
1919	16.62	16.58	16.88	14.06	14.01	14.40	93	94	88
Average 5 years, 1915-1919	17.45	17.47	17.31	14.98	15.10	14.25	101	103	89
1920	22.97	22.30	22.98	12.74	12.83	12.19	91	95	67
1921	20.76	21.06	18.94	12.27	12.31	11.97	88	90	76
1922	18.11	18.28	17.04	13.23	13.43	11.99	85	87	75
1923	17.29	17.42	16.48	12.30	12.44	11.45	80	82	67
1924	16.54	16.62	16.05	12.53	12.66	11.77	81	84	68
Average 5 years, 1920-1924	19.13	19.13	18.29	12.61	12.73	11.87	85	87	70
1925	15.89	15.99	15.23	12.66	12.79	11.86	82	83	71
1926	15.61	15.66	15.29	11.99	12.21	10.69	80	82	71
1927	14.57	14.59	14.48	12.72	12.86	11.94	73	74	68
1928	14.56	14.64	14.08	11.91	12.08	10.95	69	71	57
1929	14.09	14.08	14.20	14.00	14.32	12.12	84	87	64
Average 5 years, 1925-1929	14.94	14.99	14.65	12.65	12.85	11.51	77	79	66
1930	14.01	14.07	13.66	11.87	12.10	10.56	64	64	58
1931	13.85	13.90	13.51	12.86	13.05	11.73	70	72	63
1932	13.44	13.50	13.12	12.29	12.50	11.09	67	68	65
1933	12.89	12.92	12.70	13.09	13.26	12.09	68	70	61
1934	13.34	13.38	13.07	12.08	12.21	11.15	61	61	59
Average 5 years, 1930-1934	13.50	13.55	13.21	12.43	12.62	11.32	66	67	61
1935	13.31	13.30	13.34	12.62	12.78	11.54	62	62	57
1936	13.63	13.62	13.71	12.85	13.09	11.21	58	59	47
1937	13.81	13.78	14.05	13.29	13.47	12.14	62	64	51
1938	14.14	14.03	14.86	12.29	12.48	11.08	55	55	53
1939	14.25	14.11	15.12	13.04	13.33	11.20	57	57	52
Average 5 years, 1935-1939	13.82	13.76	14.21	12.81	13.03	11.43	58	59	52
1940	14.44	14.37	14.87	14.34	14.78	11.63	59	60	50
1941	14.73	14.76	14.55	13.06	13.40	11.03	61	62	51
1942	15.97	16.07	15.42	12.31	12.59	10.68	52	54	44
1943	17.32	17.38	16.98	13.26	13.51	11.79	54	55	47
1944	18.64	18.65	18.61	12.84	13.02	11.64	46	47	41
Average 5 years, 1940-1944	16.22	16.24	16.08	13.16	13.46	11.35	54	55	46
1945	16.62	16.63	16.50	13.12	13.39	11.45	50	51	43
1946	18.42	18.63	17.09	12.61	12.82	11.32	46	46	48
1947	20.48	20.87	18.12	13.02	13.25	11.59	47	47	45

TABLE 2--AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS REGISTERED DURING 1947.
(For Causes of Death, see Table 3, pp. 118-122)

Note.—The Census 1931 enumerations of population have been adjusted in accordance with alterations of boundary since the date of the Census.

URBAN DISTRICTS.	Area in statute acres at 31st Dec. 1947.	POPULATION AT ALL AGES.		BIRTHS.			I.—Illegitimate.				DEATHS.			INFANT MORTALITY.					MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULOSIS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
				L.—Legitimate.		LIVE BIRTHS.		L.—Illegitimate.		STILLBIRTHS.			Number registered.			Deaths of infants under one year. L.—Legitimate. I.—Illegitimate.							Per 1,000 <i>live</i> births.	Per 1,000 <i>total</i> (live and still) births.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
		Census. 1931.	Est. Mean Civilian. 1947.	M.	F.	Number registered.		Total No. of live births.	Live birth-rate per 1,000 popul'n.	Number registered.			Total No. of still-births.	Still-birth rate per 1,000 <i>total</i> births.	M.	F.	Total leg. and illeg.	Rate per 1,000 live births.		Leg. Illeg Total.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
						Both sexes.	Total			M.	F.	Both sexes.						Total No. of births.	M.		F.	Both sexes.	Rate per 1,000 live births.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										

TABLE 2—continued.

URBAN DISTRICTS.	Area in statute acres at 31st Dec. 1947.	POPULATION AT ALL AGES.		BIRTHS.				I.—Illegitimate.				DEATHS.		INFANT MORTALITY.					MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULOSIS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
				L.—Legitimate.		LIVE BIRTHS.		STILLBIRTHS.		Number registered.				Deaths of infants under one year.		Per 1,000 <i>live</i> births.	Per 1,000 <i>total</i> (live and still) births.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
		Census, 1931.	Est. Mean Civilian, 1947.	Number registered.			Live birth-rate per 1,000 popul'n.	Number registered.			Still-birth-rate per 1,000 <i>total</i> births.	Deaths of infants under one year.			Rate per 1,000 live births.			Leg. Illeg. Total.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
				M.	F.	Both sexes.		Total No. of live births.	M.	F.		Both sexes.	Total No. of still-births.	M.					F.	Both sexes.	Total leg. and illeg.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			

TABLE 2—continued.

URBAN DISTRICTS.	Area in statute acres at 31st Dec. 1947.	POPULATION AT ALL AGES.	BIRTHS.			DEATHS.			INFANT MORTALITY.						MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULIS.																		
			L.—Legitimate.		BIRTHS.	I.—Illegitimate.		Number registered.		Crude death-rate per 1,000 population.	Deaths of infants under one year.								Per 1,000 live births.	Per 1,000 total (live and still) births.																
	LIVE BIRTHS.			STILLBIRTHS.			Number registered.			Still-birth rate per 1,000 total births.	M.			F.			Both sexes.			Total leg. and illeg.			Rate per 1,000 live births.			Leg. Illeg. Total.										
	-Number registered.			Live birth-rate per 1,000 popu'l'n.			M.			F.			Both sexes.			Total No. of still-births.			M.			F.			Both sexes.			Total.			Rate per 1,000 live births.			Leg. Illeg. Total.		
	M.	F.	Both sexes.	Total No. of live births.	Live birth-rate per 1,000 popu'l'n.	M.	F.	Both sexes.	Total No. of still-births.	M.	F.	Both sexes.	Total No. of still-births.	Still-birth rate per 1,000 total births.	M.	F.	Both sexes.	Total leg. and illeg.	Rate per 1,000 live births.	Leg. Illeg. Total.	Per 1,000 live births.	Per 1,000 total (live and still) births.	Death-rate per 1,000 population.													
Golborne	7,563	13,760	L. 178 I. 5	161 4	339 9	348	23.2	L. 4 I. 1	9 —	13 1	14	38	L. 9 I. 1	7 —	16 1	17	47 111	48	nil	1.53	0.53															
Grange	1,883	2,648	L. 14 I. 1	11 2	25 3	28	10.6	L. — I. —	— —	—	—	nil	L. — I. —	— —	—	—	nil	nil	2.65	nil																
Great Harwood	2,868	12,789	L. 106 I. 4	81 3	187 7	194	18.5	L. 1 I. 1	2 1	3 2	5	25	L. 2 I. 1	3 —	5 1	6	26 142	30	nil	1.14	0.38															
Haslingden (B)	8,203	16,639	L. 143 I. 4	131 9	274 13	287	20.1	L. 3 I. 1	3 —	6 1	7	23	L. 11 I. 1	5 —	16 1	17	58 76	59	3.48	1.75	0.14															
Haydock	2,395	10,350	L. 154 I. 5	122 1	276 6	282	24.4	L. 3 I. —	4 —	7 —	7	24	L. 11 I. —	2 —	13 —	13	47 nil	46	10.63	1.30	0.52															
Heywood (B)	8,508	26,727	L. 289 I. 22	227 16	516 38	554	22.3	L. 8 I. —	7 —	15 —	15	26	L. 15 I. —	10 —	25 —	25	48 nil	45	nil	2.29	0.20															
Hindley	2,612	21,632	L. 211 I. 1	184 7	395 8	403	21.1	L. 6 I. 1	7 —	13 1	14	33	L. 14 I. 1	7 1	21 2	23	53 250	57	4.96	2.10	0.36															
Horwich	3,257	15,680	L. 139 I. 3	145 8	284 11	295	19.1	L. 7 I. —	3 —	10 —	10	32	L. 7 I. —	4 1	11 1	12	38 90	40	nil	2.20	0.25															
Huyton-with-Roby	3,053	5,199	L. 646 I. 25	641 30	1,287 55	1,342	26.6	L. 17 I. 1	13 1	30 2	32	23	L. 53 I. 1	44 2	97 3	100	75 54	74	nil	1.23	0.73															
Ince-in-Makerfield	2,320	21,761	L. 247 I. 5	246 5	493 10	503	24.9	L. 11 I. —	8 —	19 —	19	36	L. 22 I. —	13 1	35 1	36	70 100	71	3.97	1.93	0.59															
Irlam	4,717	12,901	L. 144 I. 1	140 3	284 4	288	19.5	L. 2 I. —	5 —	7 —	7	23	L. 8 I. —	6 —	14 —	14	49 nil	48	nil	1.55	0.27															
Kearsley	1,728	11,212	L. 113 I. 2	106 1	219 3	222	21.7	L. 5 I. —	5 —	10 —	10	43	L. 4 I. —	2 —	6 —	6	27 nil	27	nil	1.07	0.58															
Kirkham	939	4,120	L. 42 I. 6	44 3	86 9	95	22.0	L. 3 I. —	1 —	4 —	4	40	L. — I. —	1 —	1 —	1	11 nil	10	nil	2.09	0.23															
Lancaster (B)	4,873	43,649	L. 488 I. 24	489 29	977 53	1,030	20.3	L. 16 I. 1	7 2	23 3	26	24	L. 25 I. 1	16 1	41 2	43	41 37	41	0.97	1.76	0.53															
Lees	288	4,738	L. 34 I. 3	42 2	76 5	81	19.7	L. 1 I. —	2 —	3 —	3	35	L. 2 I. —	1 —	3 —	3	39 nil	37	nil	0.73	0.48															
Leigh (B)	6,359	45,317	L. 520 I. 22	488 19	1,008 41	1,049	22.2	L. 28 I. 4	13 —	41 4	45	41	L. 27 I. 1	26 —	53 1	54	52 24	51	nil	1.80	0.31															

TABLE 2—continued.

URBAN DISTRICTS.	Area in statute acres at 31st Dec. 1947.	POPULATION AT ALL AGES.		BIRTHS.				DEATHS.				INFANT MORTALITY.					MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULOSIS.							
				L.—Legitimate.		I.—Illegitimate.																					
				LIVE BIRTHS.			STILLBIRTHS.																				
				Number registered.			Number registered.		Still-birth rate per 1,000 total births.																		
		Census, 1931.	Est. Mean Civilian, 1947.	M.	F.	Both sexes.	Total No. of live births.	Live birth-rate per 1,000 popul'n.	M.	F.	Both sexes.	Total No. of stillbirths.	Still-birth rate per 1,000 total births.	M.	F.	Both sexes.	Total leg. and illeg.	Rate per 1,000 live births.	Per 1,000 live births.	Per 1,000 total (live and still) births.	Death-rate per 1,000 population.						
Leyland	3,804	10,573	L. 153 I. 4	152 5	305 9	314	21·7	L. 3 I. —	—	3	3	9	66	80	146	10·1	L. 12 I. —	7 1	19 1	20	62	111	63	nil	1·04	0·20	
Litherland	818	15,959	L. 275 I. 12	262 8	537 20	557	27·0	L. 6 I. —	4	10	10	17	115	117	232	11·2	L. 16 I. —	15 2	31 2	33	57	100	59	1·76	1·94	0·53	
Littleborough	7,855	12,028	L. 112 I. 10	103 3	215 13	228	21·8	L. 3 I. —	6	9	9	37	83	88	171	16·4	L. 10 I. —	4	14	14	65	nil	61	nil	1·53	0·57	
Little Lever	808	4,944	L. 43 I. 1	44 2	87 3	90	19·5	L. 1 I. —	2	3	3	32	32	36	68	14·7	L. 2 I. —	3	5	5	57	nil	55	nil	1·52	0·43	
Longridge	3,255	4,158	L. 43 I. —	33 5	76 5	81	20·2	L. 1 I. —	1	2	2	24	28	33	61	15·2	L. 5 I. —	1	6	6	78	nil	74	nil	1·25	nil	
Lytham St. Annes (B)	5,802	25,764	L. 229 I. 6	204 2	433 8	441	14·1	L. 7 I. —	5	12	12	26	256	271	527	16·9	L. 15 I. —	4	19	19	43	nil	43	nil	2·89	0·35	
Middleton (B)	5,172	29,183	L. 355 I. 14	306 16	661 30	691	22·5	L. 5 I. —	5	10	11	15	209	191	400	13·0	L. 23 I. —	14 1	37 1	38	55	33	54	nil	2·18	0·45	
Milnrow	5,194	8,623	L. 82 I. 2	78 4	160 6	166	20·0	L. 1 I. —	3	4	4	23	49	63	112	13·5	L. 3 I. —	2	5	5	31	nil	30	nil	2·29	0·24	
Morecambe and Heysham (B)	3,794	24,542	L. 254 I. 16	243 19	497 35	532	14·3	L. 3 I. —	2	5	6	11	317	346	663	17·9	L. 8 I. —	17 4	25 4	29	50	114	54	3·71	2·29	0·56	
Mossley (B)	3,624	12,041	L. 111 I. 11	110 3	221 14	235	22·5	L. 2 I. —	2	4	4	16	82	66	148	14·1	L. 4 I. 1	4	8	9	36	71	38	nil	2·30	0·38	
Nelson (B)	3,445	38,277	L. 332 I. 12	305 18	637 30	667	20·1	L. 8 I. —	3	11	11	16	257	240	497	14·9	L. 15 I. 3	8 1	23 4	27	36	133	40	1·47	2·17	0·21	
Newton-le-Willows	3,105	20,152	L. 185 I. 12	194 8	379 20	399	18·7	L. 7 I. 1	8	15	16	38	132	132	264	12·4	L. 13 I. 1	9	22 1	23	58	50	57	2·50	1·59	0·61	
Ormskirk	15,608	17,118	L. 197 I. 4	168 6	365 10	375	17·8	L. 6 I. —	6	12	12	31	147	135	282	13·4	L. 14 I. —	9 1	23 1	24	63	100	64	8·00	7·75	1·85	0·38
Orrell	1,617	6,949	L. 86 I. 2	95 2	181 4	185	21·2	L. 1 I. —	2	3	3	15	66	55	121	13·8	L. 6 I. —	7	13	13	71	nil	70	nil	2·52	0·34	
Oswaldtwistle	4,885	14,218	L. 100 I. 4	98 5	198 9	207	16·9	L. 3 I. 1	2	5	6	28	111	98	209	17·0	L. 8 I. 2	3	11 2	13	55	222	62	4·83	2·53	0·24	
Padiham	975	11,636	L. 106 I. 5	114 10	220 15	235	23·9	L. — I. —	1	1	1	4	71	68	139	14·1	L. 9 I. —	—	9	9	40	nil	38	nil	1·73	0·20	

TABLE 2—continued.

URBAN DISTRICTS.	Area in statute acres at 31st Dec. 1947.	POPULATION AT ALL AGES.		BIRTHS.				DEATHS.				INFANT MORTALITY.						MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULIS.					
				L.—Legitimate.		I.—Illegitimate.		Number registered.		Crude death-rate per 1,000 population.	Deaths of infants under one year.															
				LIVE BIRTHS.		STILLBIRTHS.		M.			F.		Total leg. and illeg.		Rate per 1,000 live births.											
		Census, 1931.	Est. Mean Civilian, 1947.	M.	F.	Number registered.		Total No. of live births.	Live birth-rate per 1,000 popul'n.	M.	F.	Both sexes.	Total No. of deaths.	M.	F.	Both sexes.	Leg. Illeg. Total.	Per 1,000 live births.	Per 1,000 total (live and still) births.							
Poulton-le-Fylde	2,408	5,128	7,566	L. 58 I. 5	53 2	111 7	118	15.5	L. 1 I. —	—	1 —	8	57	38	95	12.5	L. 9 I. —	3 —	12 —	12 —	109 nil	101	nil	nil	2.24	0.26
Preesall	3,277	2,043	2,118	L. 15 I. —	26 3	41 3	44	20.7	L. — I. —	—	—	nil	27	19	46	21.7	L. — I. —	— —	— —	— —	nil nil	nil	nil	nil	3.77	nil
Prescot	870	11,413	12,030	L. 149 I. 12	132 2	281 14	295	24.5	L. 6 I. 1	5 1	11 2	42	69	61	130	10.8	L. 10 I. —	1 1	11 1	12 1	39 71	40	nil	nil	1.57	0.33
Prestwich (B)	2,421	23,881	34,220	L. 281 I. 18	286 10	567 28	595	17.3	L. 13 I. —	5 —	18 —	29	185	204	389	11.3	L. 15 I. —	14 —	29 —	29 —	51 nil	48	nil	nil	1.63	0.32
Radcliffe (B)	4,957	27,317	27,370	L. 278 I. 15	270 11	548 26	574	20.9	L. 12 I. —	6 1	18 1	32	210	191	401	14.6	L. 10 I. —	10 —	20 —	20 —	36 nil	34	nil	nil	2.70	0.29
Rainford	5,877	3,494	3,788	L. 54 I. 1	41 2	95 3	98	25.8	L. 2 I. —	1 —	3 —	29	23	25	48	12.6	L. 5 I. 1	2 —	7 1	8 —	73 333	81	10.20	9.90	1.31	nil
Ramsbottom	9,562	15,530	14,070	L. 156 I. 5	131 4	287 9	296	21.0	L. 1 I. —	2 1	3 1	13	117	132	249	17.6	L. 7 I. 1	5 —	12 1	13 —	41 111	43	nil	nil	2.70	0.21
Rawtenstall (B)	9,528	28,587	24,630	L. 244 I. 3	242 6	486 9	495	20.0	L. 5 I. —	7 1	12 1	25	180	197	377	15.3	L. 10 I. —	14 —	24 —	24 —	49 nil	48	4.04	3.93	2.23	0.28.
Rishton	2,879	6,609	5,467	L. 60 I. 5	50 3	110 8	118	21.5	L. — I. —	1 —	1 —	8	42	45	87	15.9	L. 2 I. —	1 —	3 —	3 —	27 nil	25	8.47	8.40	3.29	0.54
Royton	2,149	16,689	14,630	L. 147 I. 4	172 3	319 7	326	22.2	L. 7 I. —	2 —	9 —	26	92	98	190	12.9	L. 5 I. —	6 1	11 1	12 —	34 142	36	nil	nil	2.52	0.47
Skelmersdale	1,942	6,177	5,929	L. 96 I. 2	60 1	156 3	159	26.8	L. 3 I. —	3 —	6 —	36	37	40	77	12.9	L. 5 I. —	4 2	9 2	11 —	57 666	69	nil	nil	1.85	0.50
Standish-with-Langtree	3,266	7,261	8,670	L. 99 I. 3	96 —	195 3	198	22.8	L. 5 I. —	2 1	7 1	38	63	53	116	13.3	L. 5 I. —	4 —	9 —	9 —	46 nil	45	nil	nil	1.38	0.11
Stretford (B)	3,530	56,817	60,390	L. 667 I. 38	623 33	1,290 71	1,361	22.5	L. 13 I. 1	12 1	25 2	19	395	368	763	12.6	L. 33 I. 2	19 1	52 3	55 40	42 42	40	2.20	2.16	1.93	0.57
Swinton and Pendlebury (B)	3,363	35,545	40,170	L. 378 I. 10	405 12	783 22	805	20.0	L. 17 I. 1	12 —	29 1	35	249	233	482	11.9	L. 12 I. 2	12 1	24 3	27 30	136 136	33	2.18	2.39	1.76	0.47
Thornton Cleveleys	3,358	10,292	15,740	L. 113 I. 3	107 8	220 11	231	14.6	L. 4 I. —	3 —	7 —	29	127	109	236	14.9	L. 6 I. —	1 —	7 —	7 —	31 nil	30	nil	nil	1.52	0.31
Tottington	2,542	6,532	5,778	L. 54 I. 1	45 6	99 7	106	18.3	L. 2 I. —	—	—	18	35	48	83	14.3	L. 1 I. —	4 1	5 1	6 —	50 142	56	9.43	9.25	1.38	0.17

TABLE 2—continued.

115

URBAN DISTRICTS.	POPULATION AT ALL AGES.		BIRTHS.			DEATHS.			INFANT MORTALITY.						MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULIS.	
			L.—Legitimate.			I.—Illegitimate.			Number registered.			Crude death-rate per 1,000 population.			Deaths of infants under one year.				Per 1,000 <i>live</i> births.
	LIVE BIRTHS.			STILLBIRTHS.			M.			F.			Total leg. and illeg.			Rate per 1,000 <i>live</i> births.	Leg. Illeg. Total.		
	Area in statute acres at 31st Dec. 1947.	Census, 1931.	Est. Mean Civilian, 1947.	M.	F.	Both sexes.	Total No. of live births.	Live birth-rate per 1,000 popu'l'n.	M.	F.	Both sexes.	Total No. of still-births.	Still-birth rate per 1,000 <i>total</i> births.	M.	F.			Both sexes.	Total leg. and illeg.
																M.	F.		
LIVE BIRTHS.			STILLBIRTHS.			M.			F.			Total leg. and illeg.			Rate per 1,000 <i>live</i> births.			Leg. Illeg. Total.	
LIVE BIRTHS.			STILLBIRTHS.			M.			F.			Total leg. and illeg.				Rate per 1,000 <i>live</i> births.	Leg. Illeg. Total.		
LIVE BIRTHS.			STILLBIRTHS.			M.			F.			Total leg. and illeg.			Rate per 1,000 <i>live</i> births.			Leg. Illeg. Total.	
LIVE BIRTHS.			STILLBIRTHS.			M.			F.			Total leg. and illeg.				Rate per 1,000 <i>live</i> births.	Leg. Illeg. Total.		
LIVE BIRTHS.			STILLBIRTHS.			M.			F.			Total leg. and illeg.			Rate per 1,000 <i>live</i> births.			Leg. Illeg. Total.	
LIVE BIRTHS.			STILLBIRTHS.			M.			F.			Total leg. and illeg.				Rate per 1,000 <i>live</i> births.	Leg. Illeg. Total.		
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LIVE BIRTHS.			STILLBIRTHS.			M.			F.			Total leg. and illeg.				Rate per 1,000 <i>live</i> births.	Leg. Illeg. Total.		

TABLE 2—continued.

RURAL DISTRICTS.	Area in statute acres at 31st Dec. 1947.	POPULATION AT ALL AGES.		BIRTHS.				DEATHS.				INFANT MORTALITY.						MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULOSIS.		
				L.—Legitimate.		I.—Illegitimate.		Number registered.		Crude death-rate per 1,000 population.	Deaths of infants under one year.						Per 1,000 <i>live</i> births.	Per 1,000 <i>total</i> (live and still) births.					
		LIVE BIRTHS.			STILLBIRTHS.			Number registered.			Deaths of infants under one year.												
		Number registered.			Number registered.			Total No. of deaths.			Rate per 1,000 live births.												
		Census, 1931.	Est. Mean Civilian, 1947.	M.	F.	Both sexes.	Total No. of births.	Live birth-rate per 1,000 popul'n.	M.	F.	Both sexes.	Total No. of still-births.	Still-birth rate per 1,000 <i>total</i> births.	M.	F.	Both sexes.	Total leg. and illeg.	Leg.	Illeg.	Total.			
Blackburn	19,469	11,186	12,580	L. 88 4	74 3	162 7	169	13.4	L. 2 —	1 —	3 —	3	17	L. 1. 1.	2 1	4 1	5	24	142	29	nil	1.74	0.31
Burnley	39,849	17,418	16,480	L. 137 3	135 2	272 5	277	16.8	L. 2 1	2 1	4 2	6	21	L. 1. 1.	4 1	6 —	11	36	200	39	3.53	2.30	0.30
Chorley	41,114	23,709	26,150	L. 264 10	256 6	520 16	536	20.4	L. 8 —	7 —	15 —	15	27	L. 1. 1.	16 1.	11 —	27	51	nil	50	nil	1.60	0.15
Clitheroe	32,170	8,644	8,716	L. 62 2	59 2	121 4	125	14.3	L. 2 —	2 —	4 —	4	31	L. 1. 1.	3 —	— —	3	24	nil	24	nil	1.26	0.57
Fylde	33,264	9,217	11,120	L. 107 8	109 4	216 12	228	20.5	L. 2 —	5 —	7 —	7	29	L. 1. 1.	2 —	3 1	6	23	83	26	nil	2.06	0.17
Garstang	57,491	11,562	12,100	L. 98 5	112 1	210 6	216	17.8	L. — —	5 —	5 —	5	22	L. 1. 1.	5 —	4 —	9	42	nil	41	nil	1.73	0.16
Lancaster	53,212	9,437	11,150	L. 104 5	99 2	203 7	210	18.8	L. 2 —	— —	2 —	2	9	L. 1. 1.	3 —	1 —	4	19	nil	19	nil	1.34	0.26
Limehurst	3,690	8,156	7,566	L. 63 2	64 2	127 4	131	17.3	L. 2 —	— —	2 —	2	15	L. 1. 1.	1 1	1 —	3	15	250	22	nil	1.85	0.26
Lunesdale	76,267	6,575	6,752	L. 63 3	60 2	123 5	128	18.9	L. 3 —	1 —	4 —	4	30	L. 1. 1.	3 —	2 —	5	40	nil	39	nil	1.33	0.29
Preston	50,318	27,626	36,780	L. 310 9	303 8	613 17	630	17.1	L. 3 —	11 2	14 2	16	24	L. 1. 1.	14 2	11 —	27	40	117	42	1.54	0.27	
Ulverston	127,448	16,569	16,640	L. 160 6	110 6	270 12	282	16.9	L. 2 —	1 —	3 —	3	10	L. 1. 1.	8 1	1 —	10	33	83	35	nil	2.34	0.18
Warrington	22,457	14,909	23,300	L. 222 9	203 6	425 15	440	18.8	L. 5 1	6 —	11 1	12	26	L. 1. 1.	17 1	6 1	25	54	133	56	2.27	1.58	0.30
West Lancashire	67,131	24,653	41,470	L. 376 17	382 12	758 29	787	18.9	L. 7 —	5 —	12 —	12	15	L. 1. 1.	12 4	12 1	29	31	172	36	2.54	1.44	0.43
Whiston	29,446	19,812	36,600	L. 329 16	327 7	656 23	679	18.5	L. 10 —	9 —	19 —	19	27	L. 1. 1.	29 2	24 1	56	80	130	82	2.86	1.25	0.27

TABLE 2—continued.

RURAL DISTRICTS.	Area in statute acres at 31st Dec. 1947.	POPULATION AT ALL AGES.		BIRTHS.			DEATHS.			INFANT MORTALITY.					MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULIS.					
				L.—Legitimate.			I.—Illegitimate.																
				LIVE BIRTHS.			STILLBIRTHS.																
		Census, 1931.	Est. Mean Civilian, 1947.	Number registered.			Number registered.			Crude death-rate per 1,000 population.	Deaths of infants under one year.					Per 1,000 <i>live</i> births.	Per 1,000 <i>total</i> (live and still) births.	Death-rate per 1,000 population.					
				M.	F.	Both sexes.	M.	F.	Both sexes.		Total No. of deaths.	M.	F.	Both sexes.	Total leg. and illeg.				Rate per 1,000 live births.	Leg. Illeg. Total.			
Wigan	11,696	6,126	7,626	L. 81 I. 1	62 4	143 5	148	19.4	L. 2 I. —	2 —	4 —	4	26	L. 4 I. —	5 —	9 —	9	62	nil	60	nil	1.04	0.13
Total Rural Districts	665,022	215,599	275,030	L. 2,464 I. 100	2,355 67	4,819 167	4,986	18.12	L. 52 I. 2	57 3	109 5	114	22	L. 123 I. 13	89 4	212 17	229	43	101	45	1.37	1.60	0.28
Total Urban Districts	372,640	1,564,210	1,684,130	L. 17,366 I. 717	16,336 732	33,702 1,449	35,151	20.87	L. 491 I. 29	410 22	901 51	952	26	L. 939 I. 50	624 49	1,563 99	1,662	46	68	47	1.35	1.90	0.40
Total Administrative County	(a) 1,037,662	(b) 1,779,809	(a) 1,959,160	L. 19,830 I. 817	18,691 799	38,521 1,616	40,137	20.48	L. 543 I. 31	467 25	1,010 56	1,066	25	L. 1062 I. 63	713 53	1,775 116	1,891	46	71	47	1.35	1.86	0.38

(a) Area and estimated population of Administrative County as constituted at 31st December, 1947. (b) Census 1931 enumeration of population, adjusted in accordance with boundary alterations.

TABLE 3—CAUSES OF DEATH IN EACH URBAN AND RURAL DISTRICT IN THE YEAR 1947.

URBAN DISTRICTS.	MORTALITY FROM SUBJOINED CAUSES.																																							
	Typhoid and paratyphoid fevers	Cerebro-spinal fever	Scarlet fever	Whooping cough	Diphtheria	Tuberculosis of respiratory system	Other forms of tuberculosis	Syphilitic diseases	Influenza	Measles	Ac. poliomyelitis and polio-encephalitis	Ac. infectious encephalitis	Cancer of buccal cavity and oesophagus (males)	Cancer of uterus (females)	Cancer of stomach and duodenum	Cancer of breast	Cancer of all other sites	Diabetes	Intra-cranial vascular lesions	Heart disease	Other diseases of circulatory system	Bronchitis	Pneumonia	Other respiratory diseases	Ulcer of stomach or duodenum	Diarrhoea (under 2 years)	Appendicitis	*Other digestive diseases	Nephritis	Puerperal and post-abortive sepsis	Other maternal causes	Premature birth	Congenital malformations, birth injury, infantile disease	Suicide	Road traffic accidents	Other violent causes	All other causes			
Abram.....	—	—	—	—	—	1	—	—	—	—	—	1	—	—	2	—	—	3	—	9	20	9	5	3	—	—	—	3	—	2	—	—	—	3	1	1	2	3	6	
Accrington (B)	—	1	—	—	—	10	3	3	3	—	—	1	9	5	20	10	58	9	89	198	9	36	16	5	7	—	1	1	8	14	—	—	1	13	12	9	4	10	36	
Adlington	—	—	—	—	—	1	—	1	—	—	—	—	—	1	2	—	4	—	7	19	1	3	3	—	—	—	1	—	—	3	—	—	1	1	1	1	—	1	4	
Ashton-in-Makerfield	—	—	—	—	1	10	1	—	—	—	2	—	—	1	7	2	21	3	19	68	7	9	3	3	3	2	1	—	—	4	6	—	2	7	12	1	2	9	29	
Ashton-under-Lyne (B)	—	—	—	—	—	26	8	5	3	—	—	1	4	5	14	6	45	6	69	205	14	37	36	8	3	3	4	—	—	19	14	—	—	12	14	3	2	14	36	
Aspull	—	—	—	—	—	3	—	—	1	1	—	—	—	1	3	1	5	4	6	25	2	5	5	—	—	—	1	—	—	—	2	—	1	3	4	1	—	1	8	
Atherton	—	—	—	—	—	5	—	1	3	—	—	—	—	—	9	1	35	2	24	54	7	27	11	3	1	1	1	—	—	6	6	1	1	4	9	—	—	6	49	
Andenshaw.....	—	—	—	—	—	4	1	1	1	—	—	—	—	4	5	4	15	—	20	40	6	10	4	2	1	—	—	—	—	—	4	—	—	5	8	1	4	12		
Bacup (B)	—	—	—	—	—	11	2	—	1	—	—	1	1	1	7	2	14	1	34	95	6	14	14	4	1	1	1	1	1	7	4	—	—	7	7	1	1	4	20	
Barrowford.....	—	—	—	—	—	3	—	—	—	1	1	—	—	1	2	2	10	2	15	17	2	10	1	—	—	2	—	—	1	2	6	—	—	—	—	—	—	—	8	
Billinge and Winstanley	—	1	—	—	—	1	—	—	1	1	—	—	—	1	1	—	8	—	13	11	1	4	1	1	1	1	—	—	—	—	2	—	1	2	1	1	2	2	18	
Blackrod	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	3	—	3	17	—	1	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	1	5	
Brierfield	—	—	—	—	—	2	—	1	—	—	—	—	—	2	2	1	8	—	15	31	2	3	2	4	2	2	2	2	—	2	3	—	—	—	—	1	2	1	3	11
Carnforth	—	—	—	—	—	2	—	—	1	—	—	—	1	2	1	—	3	1	9	13	2	2	3	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	9	
Chadderton	—	—	—	1	—	7	3	1	1	2	—	—	1	3	11	8	36	1	42	114	14	43	11	4	3	2	2	2	2	15	10	—	—	7	11	4	3	7	17	
Chorley (B)	—	—	—	1	—	4	1	1	8	1	1	1	3	3	10	12	31	1	52	123	13	26	13	4	4	4	2	—	—	11	21	—	—	9	14	3	2	6	30	
Church	—	—	—	—	—	2	—	1	1	—	—	—	—	—	1	4	5	—	6	17	1	8	7	—	—	1	—	—	1	3	—	—	2	1	2	2	—	—	9	
Clayton-le-Moors	—	—	—	—	—	2	1	—	1	—	—	—	2	3	2	1	8	—	8	37	1	5	3	—	—	1	1	—	—	1	2	—	—	2	6	—	1	—	7	
Clitheroe (B)	—	—	—	1	—	2	—	1	1	1	—	—	1	1	2	3	10	1	13	62	6	9	2	—	2	2	—	—	1	6	12	—	—	—	5	1	—	—	4	9
Colne (B)	—	—	—	—	—	7	3	—	1	—	—	—	1	2	10	6	34	3	45	88	5	21	14	5	3	3	1	1	1	6	4	—	—	3	5	6	2	4	38	
Crompton	—	2	—	—	—	1	—	1	1	—	—	—	1	2	5	2	16	—	18	53	7	15	4	1	—	—	—	—	5	1	—	—	2	2	2	4	2	1	21	
Crosby (B)	—	1	—	—	—	41	4	5	2	—	1	—	6	8	19	11	74	6	81	225	27	54	32	12	4	14	5	17	15	—	—	3	14	15	3	2	14	69		
Dalton-in-Furness	—	1	—	1	—	3	1	1	6	—	—	—	1	2	5	4	5	1	16	48	5	2	6	2	4	—	—	2	3	1	—	—	2	2	2	—	—	3	4	
Darwen (B)	—	1	—	—	—	9	1	2	7	1	—	—	1	5	18	8	35	—	68	138	22	36	18	3	5	2	2	1	7	20	—	1	6	9	6	4	10	42		

MORTALITY FROM SUBJOINED CAUSES.

URBAN DISTRICTS.	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES.																																					
		Typhoid and paratyphoid fevers	Cerebro-spinal fever	Scarlet fever	Whooping cough	Diphtheria	Tuberculosis of respiratory system	Other forms of tuberculosis	Syphilitic diseases	Influenza	Measles	Ac. poliomyelitis and polio-encephalitis	Ac. infectious encephalitis	Cancer of buccal cavity and oesophagus (males)	Cancer of uterus (females)	Cancer of stomach and duodenum	Cancer of breast	Cancer of all other sites	Diabetes	Intra-cranial vascular lesions	Heart disease	Other diseases of circulatory system	Bronchitis	Pneumonia	Other respiratory diseases	Ulcer of stomach or duodenum	Diarrhoea (under 2 years)	Appendicitis	*Other digestive diseases	Nephritis	Puerperal and post-abortive sepsis	Other maternal causes	Premature birth	Congenital malforma- tions, birth injury, infantile disease	Suicide	Road traffic accidents	Other violent causes	All other causes	
Denton	296	—	—	—	—	—	8	—	—	1	—	1	—	—	10	4	32	2	35	89	8	26	12	3	3	3	4	2	5	8	—	—	8	10	3	—	3	19	
Droylsden	284	—	—	—	1	—	20	2	4	2	—	—	—	1	12	2	33	—	29	71	4	23	8	7	1	1	1	2	5	9	—	1	7	7	1	3	3	25	
Eccles (B)	541	—	—	—	1	—	22	8	2	—	3	—	—	2	7	5	41	9	56	110	35	66	30	8	3	3	8	—	17	19	1	3	10	12	2	2	10	43	
Falsworth	226	—	—	—	—	—	13	1	4	1	—	—	—	4	12	6	17	2	23	43	20	21	5	4	—	—	3	1	8	1	—	1	6	3	5	3	18		
Farnworth ¹ (B)	358	—	—	—	1	—	8	—	1	1	1	1	—	4	10	8	35	2	54	86	14	32	16	—	3	1	1	10	18	1	—	4	9	—	6	8	22		
Fleetwood (B)	281	—	—	—	—	—	10	3	2	1	—	1	1	3	9	4	18	—	37	93	8	16	9	2	7	—	—	—	8	3	—	8	8	1	1	6	21		
Formby	103	—	—	—	—	—	3	—	—	—	—	2	—	—	2	1	13	1	11	36	2	8	1	2	—	—	—	—	1	1	—	—	—	3	—	1	—	13	
Fulwood	208	—	—	—	—	—	7	—	—	1	1	—	—	—	2	2	24	1	25	61	10	7	3	1	1	1	1	—	7	4	—	—	2	6	4	1	3	32	
Golborne	189	—	1	—	—	—	8	1	—	1	—	—	—	1	4	3	14	—	27	37	12	11	11	3	2	—	—	—	7	1	—	5	3	3	6	4	23		
Grange	48	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	5	1	12	13	2	—	—	—	—	—	—	—	2	3	—	—	—	—	1	—	—	5	
Great Harwood	151	—	—	—	1	1	4	1	2	—	—	—	—	2	1	1	8	1	19	67	1	10	2	1	1	1	1	—	2	1	—	—	2	2	2	—	4	14	
Haslingden (B)	232	—	—	—	—	—	2	3	1	1	—	—	—	3	1	5	11	4	35	73	2	20	3	3	2	2	2	—	5	11	—	1	8	2	2	1	7	19	
Haydock	123	—	—	—	—	—	6	1	—	—	1	—	—	1	1	3	—	10	2	11	50	2	3	6	—	—	—	4	—	5	2	—	—	3	1	—	2	6	
Heywood (B)	365	—	1	—	—	1	5	2	3	—	2	1	—	2	2	15	7	31	3	42	102	20	36	19	5	—	—	3	1	7	3	—	—	7	5	1	2	7	30
Hindley	250	—	—	—	—	—	7	—	1	3	—	—	—	—	2	10	2	26	1	33	59	15	17	12	5	—	—	1	2	7	4	—	2	7	4	—	1	5	24
Horwich	183	—	—	—	—	—	4	—	1	—	—	1	—	2	4	1	4	23	2	30	50	7	15	1	1	2	—	—	3	6	—	—	6	5	1	1	2	11	
Huyton-with-Roby	447	—	1	1	—	1	37	5	1	2	—	—	—	3	9	5	3	42	2	37	83	6	21	25	6	2	14	1	7	3	—	—	28	32	2	9	11	48	
Ince-in-Makerfield	255	—	1	—	1	—	12	3	2	3	1	—	—	3	3	10	4	19	2	27	55	5	23	18	3	1	6	—	6	3	—	2	7	6	—	2	5	21	
Irlam	148	—	—	—	—	—	4	—	—	—	—	—	—	1	7	2	13	—	19	45	5	9	6	—	3	—	—	7	3	—	—	2	6	1	2	3	10		
Kearsley	143	—	—	—	2	—	6	1	—	—	—	—	—	1	1	2	—	7	1	17	59	3	7	5	2	—	—	—	4	5	—	—	2	2	1	—	4	11	
Kirkham	53	—	—	—	—	—	1	1	—	—	—	—	—	1	3	—	5	—	8	13	2	5	—	—	1	1	—	—	—	3	—	—	—	1	—	1	3	3	
Lancaster (B).....	614	—	—	—	1	—	27	2	—	4	1	1	—	6	5	19	10	49	5	72	181	29	25	17	11	7	2	2	8	31	1	—	11	15	6	2	11	53	
Lees	61	—	—	—	—	—	2	2	1	—	—	—	—	—	—	2	—	1	8	26	—	5	—	—	1	1	1	—	1	2	—	—	1	2	2	—	—	3	
Leigh (B)	604	—	2	—	1	—	15	4	1	2	1	—	—	5	4	21	5	50	6	75	127	21	54	17	4	5	8	2	16	13	—	15	15	8	4	14	89		

TABLE 3—continued.

URBAN DISTRICTS.	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES.																																						
		Typhoid and paratyphoid fevers	Cerebro-spinal fever	Scarlet fever	Whooping cough	Diphtheria	Tuberculosis of respiratory system	Other forms of tuberculosis	Syphilitic diseases	Influenza	Measles	Ac. poliomyelitis and encephalitis	Ac. infectious encephalitis	Cancer of buccal cavity and oesophagus (males)	Cancer of uterus (females)	Cancer of stomach and duodenum	Cancer of breast	Cancer of all other sites	Diabetes	Intra-cranial vascular lesions	Heart disease	Other diseases of circulatory system	Bronchitis	Pneumonia	Other respiratory diseases	Ulcer of stomach or duodenum	Diarrhoea (under 2 years)	Appendicitis	*Other digestive diseases	Nephritis	Puerperal and post-abortive sepsis	Other maternal causes	Premature birth	Congenital malforma- tions, birth injury, infantile disease	Suicide	Road traffic accidents	Other violent causes	All other causes		
Leyland	146	—	—	—	1	—	3	—	—	1	—	—	—	2	1	3	—	9	—	17	34	3	10	—	5	1	1	—	6	11	—	—	—	3	12	5	1	2	15	
Litherland	232	—	—	—	2	—	11	3	2	1	2	—	—	—	2	7	1	30	1	20	49	9	23	8	1	1	7	—	6	4	—	—	—	1	4	12	1	4	5	15
Littleborough.....	171	—	—	—	—	—	6	—	1	—	—	—	—	2	1	1	1	11	2	17	50	10	18	4	—	2	1	—	1	5	—	—	—	8	—	1	1	5	21	
Little Lever	68	—	1	—	—	—	2	1	—	—	—	—	—	—	2	—	1	4	1	1	33	1	8	2	1	—	—	—	1	1	1	—	—	—	1	2	—	—	1	3
Longridge	61	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	3	1	12	20	2	1	3	5	—	—	—	—	—	3	—	—	2	2	—	—	2	2	
Lytham Saint Annes (B)	527	—	1	—	—	—	11	1	1	3	1	1	1	5	4	12	15	54	2	79	166	14	31	12	3	5	1	1	8	25	3	1	6	8	3	1	7	45		
Middleton (B)	400	—	—	—	—	—	14	1	5	—	1	—	—	2	3	13	7	42	3	58	110	13	24	16	5	3	4	1	7	7	—	—	—	13	9	5	—	10	24	
Milnrow	112	—	—	—	—	—	2	1	2	—	—	—	—	—	1	8	2	8	2	18	19	10	13	4	1	—	1	—	4	2	—	—	—	—	1	1	1	4	7	
Morecambe & Heysham (B)	663	—	—	—	—	—	21	5	—	4	—	—	—	7	3	15	13	47	10	83	237	22	49	14	8	5	2	3	14	17	—	2	11	11	7	2	2	6	45	
Mossley (B)	148	—	—	—	—	—	4	1	1	—	—	—	—	3	—	7	—	14	1	17	38	14	11	6	1	1	1	—	1	4	—	—	—	3	3	2	2	1	12	
Nelson (B)	497	—	—	—	1	—	7	—	1	—	—	—	—	5	8	7	11	41	3	74	157	5	48	10	5	3	6	—	—	9	18	1	—	6	14	9	4	11	39	
Newton-le-Willows	264	—	—	—	—	1	13	2	1	—	—	—	—	—	2	7	5	20	1	26	75	6	22	12	8	3	6	—	3	7	6	—	1	5	4	3	2	7	16	
Ormskirk	282	—	—	—	2	2	8	2	—	1	—	1	1	5	4	9	4	17	3	29	86	6	18	13	6	6	—	—	—	3	7	—	3	4	11	2	2	5	22	
Orrell	121	—	—	—	—	1	3	—	—	3	1	—	1	—	1	5	3	13	1	16	24	2	7	6	—	—	—	—	1	3	1	—	6	2	—	—	—	2	19	
Oswaldtwistle	209	—	—	—	—	—	3	3	1	1	—	—	—	3	1	9	2	16	1	22	75	4	22	10	—	—	—	1	—	2	6	—	—	1	1	6	—	—	5	14
Padiham	139	—	—	—	—	—	2	—	1	1	—	—	—	—	2	3	1	11	2	19	30	4	14	5	4	1	—	—	—	6	1	—	—	4	3	1	—	—	8	16
Poulton-le-Fylde	95	—	—	—	1	—	2	—	1	—	—	—	—	—	—	3	1	13	—	9	24	5	2	5	3	—	—	—	4	4	—	—	5	2	—	—	1	4	6	
Presall	46	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	3	—	8	19	1	1	—	—	2	—	—	—	—	—	—	—	—	1	—	—	1	4	
Prescot	130	—	—	—	—	—	4	2	1	1	1	—	—	—	—	4	2	13	—	9	21	4	6	14	—	—	—	2	1	3	7	—	—	1	3	—	2	3	26	
Prestwich (B).....	389	—	—	—	—	—	11	—	3	2	3	—	—	2	3	10	11	30	3	42	115	8	24	22	4	5	3	—	8	17	—	—	—	9	8	6	4	3	33	
Radcliffe (B)	401	—	2	—	1	—	8	3	—	1	—	1	1	3	2	10	10	49	4	31	145	13	35	12	6	3	1	1	3	12	—	—	3	8	5	3	7	19		
Rainford	48	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	3	—	6	13	—	4	1	—	—	1	—	2	1	—	1	2	3	1	—	—	8		
Ramsbottom	249	—	—	—	1	—	3	1	—	1	—	—	—	3	4	8	4	19	2	36	92	7	13	7	6	1	3	1	5	2	—	—	5	3	—	2	3	17		
Rawtenstall (B)	377	—	—	—	—	—	7	1	—	2	—	1	—	5	5	12	5	28	3	51	130	4	19	11	5	3	4	1	7	17	—	2	6	9	2	1	10	26		

TABLE 3—continued.

URBAN DISTRICTS.	Total No. of deaths from all causes		MORTALITY FROM SUBJOINED CAUSES.																																							
	Typhoid and paratyphoid fevers	Cerebro-spinal fever	Scarlet fever	Whooping cough	Diphtheria	Tuberculosis of respiratory system	Other forms of tuberculosis	Syphilitic diseases	Influenza	Measles	Ac. poliomyelitis and encephalitis	Ac. infectious encephalitis	Cancer of buccal cavity and oesophagus (males)	Cancer of uterus (females)	Cancer of stomach and duodenum	Cancer of breast	Cancer of all other sites	Diabetes	Intra-cranial vascular lesions	Heart disease	Other diseases of circulatory system	Bronchitis	Pneumonia	Other respiratory diseases	Ulcer of stomach or duodenum	Diarrhoea (under 2 years)	Appendicitis	*Other digestive diseases	Nephritis	Puerperal and post-abortive sepsis	Other maternal causes	Premature birth	Congenital malformations, birth injury, infantile disease	Suicide	Road traffic accidents	Other violent causes	All other causes					
Rishton	—	—	—	—	—	3	1	—	1	—	—	1	1	—	4	2	11	1	12	17	1	1	3	2	4	2	1	—	—	3	3	—	1	—	2	1	—	—	—	7		
Royton	—	—	—	—	—	7	—	1	1	—	—	—	4	2	6	1	24	2	17	61	3	5	9	6	2	—	3	—	—	4	3	—	—	—	2	4	1	—	—	2	23	
Skelmersdale	—	—	—	—	—	3	—	—	—	—	—	1	—	2	—	1	8	1	8	23	23	1	4	5	—	—	5	—	—	3	1	—	—	—	2	2	1	—	—	—	1	7
Standish-with-Langtree	—	—	—	1	—	1	—	—	2	—	1	1	1	—	—	—	9	1	20	27	7	6	14	1	—	—	2	—	—	—	2	—	—	4	2	1	1	1	2	15		
Stretford (B)	—	1	—	1	—	35	4	2	3	1	1	1	3	11	23	11	69	3	86	182	26	26	61	30	12	3	7	—	15	15	2	1	2	16	22	3	6	23	84			
Swinton & Pendlebury (B)	—	—	—	—	—	19	4	6	2	—	1	2	2	1	22	9	37	2	50	126	25	25	46	18	6	2	4	—	8	7	—	2	2	6	8	3	4	11	49			
Thornton Cleveleys	—	—	—	—	—	5	—	3	2	—	1	—	—	1	4	5	14	1	29	103	4	4	11	6	1	—	—	—	6	2	—	—	—	—	6	2	3	4	23			
Tottington	—	—	—	—	—	1	—	1	—	—	—	—	1	1	1	1	4	1	16	33	3	1	1	5	—	1	1	—	4	3	—	1	1	4	1	—	1	—	5			
Trawden	—	—	—	1	—	1	—	—	—	—	—	1	1	—	—	—	2	—	11	9	9	—	5	—	3	—	—	—	—	—	1	—	—	—	—	1	—	—	5			
Turton	—	—	—	—	—	2	1	—	1	—	—	—	—	2	4	3	6	1	23	50	18	18	13	5	—	2	1	—	3	5	—	—	—	1	1	4	1	1	5	13		
Tyldesley	—	—	—	—	—	4	2	1	2	—	2	—	—	2	5	—	19	1	34	35	8	8	21	5	2	1	1	—	1	11	6	—	1	3	4	1	3	8	31			
Ulverston	—	—	—	—	—	3	—	—	1	—	1	1	—	1	3	2	10	3	24	57	3	3	4	1	1	—	—	—	—	3	3	—	—	—	—	9	—	—	3	14		
Upholland	—	—	—	—	—	2	1	—	1	—	—	—	—	—	3	1	5	1	8	13	1	1	6	3	1	—	—	—	1	2	2	—	—	—	1	—	1	—	1	5		
Urmston	—	—	—	—	—	6	2	1	—	1	—	1	5	3	16	9	47	3	62	110	17	28	20	20	6	1	7	—	10	9	—	1	1	5	9	3	3	4	51			
Walton-le-Dale	—	—	—	1	—	6	2	2	1	—	1	—	—	1	6	4	11	1	18	57	4	13	7	7	3	1	—	—	2	1	—	—	—	4	2	2	—	—	—	8		
Wardle	—	—	—	—	—	2	—	—	1	—	—	—	1	—	—	1	4	—	6	12	6	6	1	3	—	—	1	—	—	—	1	—	—	1	—	3	—	1	10			
Westhoughton	—	—	—	—	—	2	1	1	—	—	—	—	1	1	9	2	8	2	25	62	4	4	7	9	3	1	1	—	—	3	2	—	—	—	4	4	1	4	6	17		
Whitefield	—	—	—	1	—	6	3	1	—	—	1	—	—	2	2	2	14	2	18	55	3	9	6	6	2	—	1	1	1	3	2	—	1	2	2	—	1	2	12			
Whitworth	—	—	—	—	—	3	—	—	—	—	—	—	—	2	4	2	7	1	10	36	10	8	4	4	2	—	2	—	2	5	—	—	—	1	1	1	—	—	1	13		
Widnes (B)	—	—	—	—	—	33	5	4	2	2	1	1	2	4	21	7	47	7	36	130	18	44	34	34	4	3	22	1	11	6	—	—	—	25	22	1	2	12	51			
Withnell	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—	5	—	2	18	1	1	5	4	1	—	—	—	—	—	—	—	—	1	—	—	—	—	2			
Worsley	—	1	—	—	—	5	1	—	—	—	3	2	2	2	8	10	25	2	46	98	13	20	8	8	2	1	—	—	—	3	12	—	—	7	12	5	7	6	22			
Total Urban Districts	—	19	1	28	8	683	123	95	110	26	30	28	145	194	632	342	1897	170	2678	6423	744	1601	817	267	155	197	55	478	583	6	43	440	556	183	155	433	1981					

TABLE 3—continued.

RURAL DISTRICTS.	MORTALITY FROM SUBJOINED CAUSES.																																						
	Typhoid and paratyphoid fevers	Cerebro-spinal fever	Scarlet fever	Whooping cough	Diphtheria	Tuberculosis of respiratory system	Other forms of tuberculosis	Syphilitic diseases	Influenza	Measles	Ac. poliomyelitis and Ac. polio-encephalitis	Ac. infectious encephalitis	Cancer of buccal cavity and oesophagus (males)	Cancer of uterus (females)	Cancer of stomach and duodenum	Cancer of breast	Cancer of all other sites	Diabetes	Intra-cranial vascular lesions	Heart disease	Other diseases of circulatory system	Bronchitis	Pneumonia	Other respiratory diseases	Ulcer of stomach or duodenum	Diarrhoea (under 2 years)	Appendicitis	*Other digestive diseases	Nephritis	Puerperal and post-abortive sepsis	Other maternal causes	Premature birth	Congenital malformations, birth injury, infantile disease	Suicide	Road traffic accidents	Other violent causes	All other causes		
Blackburn	—	—	—	—	—	4	1	1	—	—	—	—	—	—	4	1	17	2	24	48	9	11	5	—	2	—	—	—	3	8	—	—	—	—	—	3	2	9	
Burnley	—	—	—	—	—	5	—	—	2	2	1	—	—	4	9	4	22	1	31	77	5	16	3	—	3	3	2	1	6	8	—	1	1	4	5	3	7	20	
Chorley	—	—	—	2	—	4	1	—	6	—	1	—	3	4	9	4	22	1	33	120	11	21	14	1	—	—	—	3	6	7	—	—	6	9	2	4	2	27	
Clitheroe	—	—	—	—	—	5	—	—	2	1	—	—	—	4	1	—	6	2	9	31	1	1	3	—	—	—	—	1	1	1	1	—	—	2	—	—	—	2	4
Fylde	—	—	—	—	—	2	—	1	1	—	—	—	—	1	6	1	15	3	23	33	6	3	3	2	1	—	—	—	1	4	4	—	—	—	—	7	1	1	14
Garstang	—	—	—	1	—	2	1	—	—	—	—	—	—	—	7	—	14	1	20	54	2	8	6	3	3	3	—	1	4	—	—	—	—	3	2	3	2	2	13
Lancaster	—	—	—	—	1	3	—	—	1	—	—	—	—	—	2	1	12	—	15	49	7	4	4	3	1	—	—	—	2	5	—	—	—	1	1	—	1	6	22
Limehurst	—	—	—	—	—	2	—	—	—	—	—	—	1	1	1	—	11	2	20	41	7	11	7	2	1	—	—	—	2	2	—	—	—	1	2	3	—	1	8
Lunesdale	—	1	—	—	—	2	2	—	—	—	—	—	—	—	2	—	7	1	11	23	8	2	—	—	—	—	2	—	—	3	1	—	—	—	3	—	—	—	13
Preston	—	—	—	—	—	10	3	2	1	—	2	1	4	5	7	3	36	—	43	154	12	21	13	4	3	—	2	2	1	9	13	—	1	5	16	4	9	6	36
Ulverston	—	—	—	—	—	3	—	—	7	—	2	—	3	2	11	3	20	—	34	87	9	9	4	2	4	—	—	—	6	4	—	—	—	1	7	1	1	4	20
Warrington	—	—	—	—	—	7	—	—	6	—	—	—	1	2	6	5	23	3	19	61	10	20	10	2	1	—	—	—	3	5	1	—	—	5	7	1	3	6	17
West Lancashire	—	1	—	—	1	18	2	2	1	—	—	—	5	3	11	9	32	6	40	132	12	17	20	2	4	—	5	—	12	12	1	1	3	12	4	6	9	47	
Whiston	—	—	1	1	1	10	1	2	1	1	—	—	3	3	8	4	28	—	32	60	11	18	12	5	2	14	—	13	10	2	—	—	9	17	3	6	14	43	
Wigan	—	—	—	—	1	1	2	1	—	—	—	—	1	—	3	1	3	—	9	27	2	7	5	—	—	—	—	—	—	3	—	—	4	1	2	3	5	7	
Total Rural Districts	—	2	1	4	4	78	13	9	28	4	6	1	21	29	87	36	268	22	363	997	112	169	109	31	25	35	4	71	83	4	—	3	41	91	29	41	67	300	
Total Urban Districts	—	19	1	28	8	683	123	95	110	26	30	28	145	194	632	342	1897	170	2678	6423	744	1601	817	267	155	197	55	478	583	6	43	440	556	183	155	433	1981		
Administrative County	—	21	2	32	12	761	136	104	138	30	36	29	166	223	719	378	2165	192	3041	7420	856	1770	926	298	180	232	59	549	666	10	46	481	647	212	196	500	2281		

* Includes deaths from diarrhoea at ages 2 years and over.

TABLE 4—CAUSES OF DEATH at different periods of life
Year ended 31st December, 1947

CAUSES OF DEATH	Col.	AD- MINIS- TRATIVE COUNTY TOTAL DEATHS	Sex	AGGREGATE OF URBAN DISTRICTS								AGGREGATE OF RURAL DISTRICTS								Col.
				YEARS								YEARS								
				All Ages	0-	1-	5-	15-	45-	65-	All Ages	0-	1-	5-	15-	45-	65-			
LL CAUSES		25,514	M. F.	11491 10835	989 673	140 112	105 74	851 895	3115 2363	6291 6718	1653 1535	136 93	19 14	16 18	139 105	406 332	937 973			
typhoid and paratyphoid fevers	1	—	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1		
erebro-spinal fever	2	21	M. F.	10 9	6 4	— 1	1 —	2 1	1 1	— 2	1 1	— —	— —	— —	— —	1 —	— 1	2		
carlet fever	3	2	M. F.	— 1	— —	— —	— —	— 1	— —	— —	— 1	— —	— 1	— —	— —	— —	— —	3		
Whooping cough	4	32	M. F.	17 11	9 4	8 7	— —	— —	— —	— —	1 3	1 2	— —	— 1	— —	— —	— —	4		
iphtheria	5	12	M. F.	4 4	1 —	2 4	— —	1 —	— —	— —	1 3	— 1	1 —	— 2	— —	— —	— —	5		
tuberculosis of respiratory system	6	761	M. F.	391 292	1 1	4 3	2 1	173 231	179 30	32 26	39 39	— —	1 1	— 1	14 21	22 11	2 5	6		
Other forms of tuberculosis	7	136	M. F.	62 61	1 4	21 13	10 12	15 20	12 10	3 2	7 6	1 —	— 1	1 4	4 1	— —	1 —	7		
syphilitic diseases	8	104	M. F.	65 30	4 4	— —	— —	8 3	33 15	20 8	6 3	— —	— —	— —	2 —	3 3	1 —	8		
nfluenza	9	138	M. F.	47 63	1 3	— 1	— —	4 5	21 17	21 37	15 13	2 1	2 —	— —	1 —	4 1	6 11	9		
feasles	10	30	M. F.	17 9	7 2	9 6	1 —	— 1	— —	— —	1 3	— —	1 1	— 1	— 1	— —	— —	10		
Acute poliomyelitis and polio-encephalitis	11	36	M. F.	17 13	2 1	5 4	4 5	6 3	— —	— —	4 2	— —	— 1	1 —	3 1	— —	— —	11		
Acute infectious encephalitis	12	29	M. F.	15 13	— 1	— —	— —	7 4	6 5	2 3	1 —	— —	— —	— —	1 —	— —	— —	12		
Cancer of buccal cavity & oesophagus (m), Cancer of uterus (f)	13	166 223	M. F.	145 194	— —	— —	— —	6 17	35 105	104 72	21 29	— —	— —	— —	— 2	3 13	18 14	13		
Cancer of stomach and duodenum	14	719	M. F.	349 283	— —	— —	— —	21 10	148 91	180 182	43 44	— —	— —	— —	3 1	10 16	30 27	14		
Cancer of breast	15	378	M. F.	4 338	— —	— —	— —	— 40	2 161	2 137	— 36	— —	— —	— —	— 3	— 23	— 10	15		
Cancer of all other sites	16	2,165	M. F.	1093 804	— 2	2 2	6 1	73 62	445 324	567 413	146 122	— —	1 —	1 —	18 8	46 35	80 79	16		
Diabetes	17	192	M. F.	53 117	— —	— —	— —	4 6	14 35	35 76	8 14	— —	— —	— —	3 1	1 5	4 8	17		
Intra-cranial vascular lesions	18	3,041	M. F.	1203 1475	3 —	1 —	1 —	17 21	278 298	903 1156	166 197	— —	— —	— —	5 6	41 42	120 149	18		
Heart disease	19	7,420	M. F.	3292 3131	— —	— —	2 4	108 101	880 543	2302 2483	528 469	— —	— —	1 2	19 13	133 86	375 368	19		
Other diseases of the circulatory system	20	856	M. F.	374 370	— —	— —	— 1	6 7	72 55	296 307	55 57	— —	— —	— —	1 2	11 3	43 52	20		
Bronchitis	21	1,770	M. F.	933 668	20 17	6 4	— 1	35 22	307 128	565 496	96 73	4 1	1 —	— —	6 2	30 14	55 56	21		
Pneumonia	22	926	M. F.	431 386	138 117	22 19	4 7	28 32	99 60	140 151	57 52	20 12	1 5	— —	3 3	13 7	20 25	22		
Other respiratory diseases	23	298	M. F.	153 114	3 —	2 —	2 —	13 23	83 40	50 51	14 17	— 1	— —	— —	— 3	6 4	8 9	23		
Ulcer of stomach or duodenum	24	180	M. F.	121 34	1 —	— —	— —	16 2	64 15	40 17	17 8	— —	— —	— —	1 —	9 6	7 2	24		
Diarrhoea (under 2 years of age)	25	232	M. F.	124 73	118 71	6 2	— —	— —	— —	— —	22 13	22 13	— —	— —	— —	— —	— —	25		
Appendicitis	26	59	M. F.	34 21	— —	2 4	5 3	9 5	7 5	11 4	2 2	— —	— —	— —	— 1	— —	2 1	26		
Other digestive diseases	27	549	M. F.	207 271	14 9	1 2	5 1	24 36	52 85	111 138	35 36	2 3	3 1	— —	4 4	8 12	18 16	27		
Nephritis	28	666	M. F.	281 302	— —	2 3	1 4	44 47	93 83	141 165	51 32	— —	— —	— —	8 4	9 10	34 18	28		
Puerperal and post-abortive sepsis	29	10	F.	6	—	—	—	6	—	—	4	—	—	—	4	—	—	29		
Other maternal causes	30	46	F.	43	—	—	—	43	—	—	3	—	—	—	3	—	—	30		
Premature birth	31	481	M. F.	273 167	273 167	— —	— —	— —	— —	— —	28 13	28 13	— —	— —	— —	— —	— —	31		
Congenital malformations, birth injury, infantile disease	32	647	M. F.	325 231	303 213	4 3	3 5	9 6	4 4	2 —	51 40	47 36	2 —	— —	— 3	2 1	— —	32		
Suicide	33	212	M. F.	113 70	— —	— —	— —	36 16	47 37	30 17	20 9	— —	— —	— —	5 2	9 7	6 —	33		
Road traffic accidents	34	196	M. F.	111 44	— —	6 11	17 4	36 2	25 13	27 14	37 4	— —	1 —	5 1	14 1	11 1	6 1	34		
Other violent causes	35	500	M. F.	245 188	22 20	14 9	24 5	57 16	59 25	69 113	41 26	4 5	3 2	3 1	12 1	10 —	9 17	35		
All other causes	36	2,281	M. F.	982 999	62 33	23 14	17 20	93 106	149 178	638 648	139 161	5 5	2 1	4 5	12 14	24 32	92 104	36		

Note.—Diarrhoea at ages 2 years and over is included under No. 27 "Other digestive diseases".

TABLE 5—HOUSING

SUMMARY OF WORK CARRIED OUT DURING THE YEAR 1947

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS									
	Total			By Local Authority			By Other Local Authorities				By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses								
	Temporary	Permanent		Temporary	Permanent		Temporary	Permanent		Temporary	Permanent									
Abram	—	26	26	—	26	26	—	—	—	—	—	—	201	353	31	60	9	22	24	
Accrington (B)	—	—	194	—	—	179	—	—	—	—	—	15	331	488	3	25	—	331	203	
Adlington	—	—	20	—	—	12	—	—	—	—	—	8	46	92	—	—	—	46	46	
Ashton-in-Makerfield	—	—	129	—	—	94	—	—	—	—	—	35	744	1,816	22	22	2	257	175	
Ashton-under-Lyne (B)	77	—	75	—	—	75	—	—	—	77	—	—	3,290	4,785	317	1,157	16	3,254	2,964	
Aspull	—	—	—	—	—	—	—	—	—	—	—	—	261	340	—	—	—	70	55	
Atherton	—	—	39	—	—	36	—	—	—	—	—	3	578	1,044	—	—	1	431	395	
Audenshaw	43	—	96	43	—	51	—	—	—	—	—	45	245	610	4	5	28	217	121	
Bacup (B)	20	—	30	20	—	28	—	—	—	—	—	2	309	510	—	—	—	158	154	
Barrowford	—	—	18	—	—	16	—	—	—	—	—	—	56	84	—	—	—	56	55	
Billinge & Winstanley	—	—	26	—	—	20	—	—	—	—	—	6	163	192	—	—	—	141	121	
Blackrod	66	—	22	66	—	22	—	—	—	—	—	—	130	280	20	30	30	70	—	
Brierfield	—	—	28	—	—	28	—	—	—	—	—	—	780	788	—	—	—	72	72	
Caruforth	—	—	35	—	—	29	—	—	—	—	—	6	144	357	—	—	—	144	142	
Chadderton	—	—	37	—	—	36	—	—	—	—	—	1	1,988	4,437	50	83	1	1,476	1,546	
Chorley (B)	100	—	60	100	—	40	—	—	—	—	—	20	7,581	7,603	225	231	211	6	767	
Church	—	—	8	—	—	8	—	—	—	—	—	—	86	96	—	—	—	86	61	
Clayton-le-Moors	—	—	10	—	—	8	—	—	—	—	—	2	21	53	—	—	—	21	18	
Clitheroe (B)	—	13	42	—	13	42	—	—	—	—	—	—	48	56	—	—	—	46	34	
Colne (B)	—	—	36	—	—	32	—	—	—	—	—	4	83	211	5	15	5	5	15	
Crompton	—	—	10	—	—	5	—	—	—	—	—	5	123	312	—	—	—	97	60	

TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS								
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Prefabricated houses		Traditional permanent houses		Prefabricated houses		Traditional permanent houses		Prefabricated houses		Traditional permanent houses								
	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent							
Crosby (B).....	—	—	10	—	—	—	—	—	—	—	—	4	201	354	—	—	—	193	106
Dalton-in-Furness	108	—	—	95	—	—	—	—	—	13	—	—	103	141	26	26	—	79	60
Darwen (B)	30	—	—	30	—	—	—	—	—	—	—	—	307	848	188	277	—	307	31
Denton	52	88	126	52	88	18	—	—	7	—	—	101	1,814	3,403	933	1,323	—	809	448
Droylsden	—	—	58	—	—	44	—	—	—	—	—	14	497	406	—	—	—	101	101
Eccles (B)	44	—	60	44	—	53	—	—	—	—	—	7	530	530	9	9	5	525	228
Failsworth	—	—	18	—	—	12	—	—	—	—	—	6	732	925	—	—	—	386	327
Farnworth (B)	19	—	184	19	—	184	—	—	—	—	—	—	539	1,620	5	10	5	534	318
Fleetwood (B)	—	—	105	—	—	64	—	—	—	—	—	41	377	1,092	87	460	—	92	40
Formby	—	—	24	—	—	16	—	—	—	—	—	8	27	34	11	12	3	10	8
Fulwood	—	—	38	—	—	22	—	—	—	—	—	16	219	590	—	—	6	168	161
Golborne	—	50	40	—	—	34	—	—	—	—	50	6	301	637	40	113	2	67	203
Grange	—	—	17	—	—	6	—	—	—	—	—	11	47	49	—	—	—	17	14
Great Harwood	23	—	81	—	—	50	—	—	—	23	—	31	3,190	10,006	—	—	—	2,401	1,686
Haslingden (B)	9	—	25	9	—	24	—	—	—	—	—	1	903	1,039	15	25	5	894	513
Haydock	—	—	72	—	—	65	—	—	—	—	—	7	146	219	—	—	—	146	146
Heywood (B)	—	—	55	—	—	38	—	—	—	—	—	17	417	855	—	—	1	360	258
Hindley	—	—	—	—	—	—	—	—	—	—	—	—	771	2,243	—	—	—	653	605
Horwich	—	—	24	—	—	22	—	—	—	—	—	2	448	1,729	—	—	—	363	229
Huyton-with-Roby	—	—	1,066	—	—	126	—	—	810	—	—	130	326	652	—	—	—	326	249
Ince-in-Makerfield	—	—	16	—	—	16	—	—	—	—	—	—	673	1,855	—	—	1	672	120

TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS								
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses							
	Temporary	Permanent		Temporary	Permanent		Temporary	Permanent		Temporary	Permanent								
Irlam	35	—	65	—	—	46	—	—	35	—	19	449	449	43	43	6	248	214	
Kearsloy	—	—	44	—	—	42	—	—	—	—	2	72	72	13	13	13	59	55	
Kirkham	—	—	23	—	—	23	—	—	—	—	—	46	107	8	19	—	—	10	
Lancaster (B)	9	—	82	—	—	60	—	—	9	—	22	6,399	6,944	6,395	6,937	388	1,931	16	
Lees	—	—	—	—	—	—	—	—	—	—	—	123	205	—	—	—	35	48	
Loigh (B)	—	—	202	—	—	162	—	—	—	—	40	1,403	4,372	—	—	4	1,399	473	
Leyland	—	—	7	—	—	—	—	—	—	—	7	283	576	—	—	—	42	200	
Litherland	49	136	214	—	—	138	—	49	—	—	76	257	582	—	—	—	257	257	
Littleborough	—	—	30	—	—	26	—	—	—	—	4	158	327	—	—	—	—	—	
Little Lever	—	—	26	—	—	14	—	—	—	—	12	71	137	—	—	10	48	34	
Longridge	10	—	9	10	—	5	—	—	—	—	4	210	590	—	—	—	73	30	
Lytham St. Annes (B)	10	—	118	10	—	75	—	—	—	—	43	23	52	—	—	—	18	20	
Middleton (B)	100	—	96	100	—	82	—	—	—	—	14	164	174	6	6	7	157	130	
Milnrow	—	—	10	—	—	—	—	—	—	—	10	254	254	—	—	2	151	134	
Morecambe & Heysham (B)	—	—	86	—	—	24	—	—	—	—	62	364	1,074	—	—	—	358	276	
Mossley (B)	—	—	14	—	—	—	—	—	—	—	14	182	451	—	—	—	137	116	
Nelson (B)	—	—	29	—	—	22	—	—	—	—	7	218	371	—	—	—	131	148	
Newton-le-Willows	—	—	59	—	—	58	—	—	—	—	1	415	1,014	3	3	—	—	—	
Ormskirk	—	—	79	—	—	66	—	—	—	—	13	260	511	37	42	9	195	163	
Orrell	44	—	13	44	—	6	—	—	—	—	7	752	2,093	—	—	34	718	585	

TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNEFT DWELLINGS									
	Total			By Local Authority			By Other Local Authorities				By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses								
	Temporary	Permanent		Temporary	Permanent		Temporary	Permanent		Temporary	Permanent									
Oswaldtwistle	—	—	12	—	—	12	—	—	—	—	—	—	218	320	—	—	—	86	62	
Padiham	—	—	—	—	—	—	—	—	—	—	—	—	370	370	—	—	1	7	205	
Poulton-le-Fylde	—	—	75	—	—	14	—	—	—	—	—	61	96	180	—	—	—	89	89	
Preesall	—	—	21	—	—	8	—	—	—	—	—	13	70	132	—	—	—	62	62	
Prescot	6	—	56	6	—	38	—	—	—	—	—	18	1,407	2,483	—	—	5	48	38	
Prestwich (B)	—	—	56	—	—	51	—	—	—	—	—	5	469	1,379	—	—	—	139	143	
Radcliffe (B)	—	—	59	—	—	28	—	—	—	—	—	31	421	590	6	8	4	373	258	
Rainford	—	—	53	—	—	34	—	—	—	—	—	19	40	25	—	—	—	5	40	
Ransbottom	—	—	6	—	—	—	—	—	—	—	—	6	111	111	3	3	3	108	67	
Rawtenstall (B)	29	—	35	—	—	34	—	—	—	29	—	1	677	1,466	4	21	—	677	534	
Rishton	—	—	28	—	—	28	—	—	—	—	—	—	50	120	—	—	—	44	35	
Royton	—	—	30	—	—	16	—	—	—	—	—	14	175	434	4	8	4	140	129	
Skelmersdale	—	—	30	—	—	28	—	—	—	—	—	2	994	2,206	—	—	—	362	305	
Standish-with-Langtree	—	—	12	—	—	10	—	—	—	—	—	2	188	408	—	—	15	190	175	
Stretford (B)	42	—	91	42	—	72	—	—	—	—	—	19	467	595	11	16	—	11	43	
Swinton & Pendlebury (B)	60	—	95	60	—	36	—	—	—	—	—	59	1,895	4,779	—	—	11	794	626	
Thornton Cleveleys	—	—	87	—	—	38	—	—	—	—	—	49	140	639	—	—	1	139	101	
Tottington	—	—	2	—	—	—	—	—	—	—	—	2	11	23	—	—	1	1	7	
Trawden	—	—	—	—	—	—	—	—	—	—	—	—	5	7	—	—	—	—	2	
Turton	30	—	27	30	—	—	—	—	—	—	—	27	459	527	—	—	6	437	391	

TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS							
	Total		By Local Authority			By Other Local Authorities			By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total in col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in reasonably fit as human habitation	No. of defective houses rendered fit as result of informal action
			Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses							
	Temporary	Permanent	Temporary	Permanent		Temporary	Permanent		Temporary	Permanent		Temporary	Permanent					
Tyldesley	—	—	—	—	42	—	—	—	—	—	—	—	—	—	—	—	384	155
Ulverston	—	—	—	—	• 44	—	—	—	—	—	—	—	—	—	—	—	62	62
Upholland	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	128	98
Urmston	—	50	—	—	135	—	50	—	—	—	—	—	—	—	—	4	176	55
Walton-le-Dale	—	—	—	—	91	—	—	—	—	—	—	—	—	—	—	1	10	9
Wardle	—	—	—	—	26	—	—	—	—	—	—	—	—	31	41	3	28	28
Westhoughton	—	—	—	—	30	—	—	—	—	—	—	—	—	—	—	—	134	92
Whitefield	—	—	—	—	32	—	—	—	—	—	—	—	60	130	10	50	5	5
Whitworth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Widnes (B)	14	—	—	14	152	—	—	—	—	—	—	—	463	492	34	215	1,197	1,197
Withnell	—	—	—	—	8	—	—	—	—	—	—	—	—	—	—	—	46	11
Worsley	—	—	—	—	127	—	—	—	—	—	—	—	—	—	—	—	165	150
Total Urban Districts	1029	363	794	313	5,630	49	—	819	186	50	1,357	54,496	101,813	9,078	11,665	908	27,536	21,220

TABLE 5—continued

RURAL DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS									
	Total			By Local Authority			By Other Local Authorities				By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Acts. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit as for human habitation	No. of defective houses rendered fit as result of informal action
	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses								
	Temporary	Permanent		Temporary	Permanent		Temporary	Permanent		Temporary	Permanent									
Blackburn	—	—	15	—	—	—	—	—	—	—	15	948	1,024	797	820	234	264	19		
Burnley	—	—	11	—	—	—	—	—	—	—	9	220	220	—	—	3	69	49		
Chorley	—	—	68	—	—	—	—	—	—	—	6	1,860	2,500	1,065	1,405	3	122	117		
Clitheroe	—	—	3	—	—	—	—	—	—	—	3	721	987	117	143	—	126	57		
Fylde	—	—	59	—	—	—	—	—	—	—	23	62	91	—	—	1	23	29		
Garstang	—	—	32	—	—	—	—	—	—	—	16	731	731	731	786	12	112	28		
Lancaster	—	—	151	—	—	—	—	—	—	—	18	380	612	16	52	16	65	42		
Lincoln	—	—	35	—	—	—	—	—	—	—	11	495	623	—	—	1	185	113		
Lunesdale	—	—	42	—	—	—	—	—	—	—	4	178	236	51	86	10	132	104		
Preston	—	4	158	—	—	—	—	—	6	—	75	374	919	6	14	6	—	—		
Ulverston	—	—	24	—	—	—	—	—	—	—	14	141	169	—	—	49	510	83		
Warrington	—	—	76	—	—	—	—	—	—	—	76	1,203	1,979	—	—	—	341	272		
West Lancashire	—	—	165	—	—	—	—	—	—	—	61	1,241	1,848	681	817	63	618	68		
Whiston	—	18	147	—	—	—	—	—	—	—	16	3,269	3,814	—	—	8	265	173		
Wigan	—	4	7	—	—	—	—	—	—	—	3	130	150	20	20	6	30	4		
Total Rural Districts	—	26	993	—	—	—	—	—	6	—	—	—	11,863	15,903	3,484	4,143	412	2,862	1,158	
Total Urban Districts	1,029	363	5,630	794	313	3,454	49	—	819	186	50	1,357	54,496	101,813	9,078	11,665	908	27,536	21,220	
Total Administrative County	1,029	389	6,623	794	339	4,091	49	—	825	186	50	1,707	66,359	117,716	12,562	15,808	1,320	30,398	22,378	

TABLE 6.—IMMUNISATION IN RELATION TO CHILD POPULATION.

Note.—An * inserted in the column denotes that no comparable figures are available.

Urban districts	Total number of children immunised						Estimated mid-year population, 1947 (under 5 years of age)	Per-centage immu-nised	Total number of children immunised.			Estimated mid-year population, 1947 (5 to 14 years of age)	Per-centage immu-nised	Total immunised under 15 years of age	Total population under 15 years of age	Percentage immunised under 15 years of age
	Age at 31st December, 1947															
	Under 1	1	2	3	4	Total under 5										
	5 to 9	10 to 14	Total 5 to 14													
Abram.....	2	22	47	56	62	189	510	37.0	279	282	561	870	64.4	750	1,380	54.3
Accrington (B)	26	151	229	254	287	947	2,912	32.5	1,216	1,184	2,400	4,358	55.0	3,347	7,270	46.0
Adlington	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Ashton-in-Makerfield	84	179	161	203	205	832	1,510	55.0	1,404	997	2,401	2,580	93.0	3,233	4,090	79.0
Ashton-under-Lyne (B)	17	210	291	286	158	962	3,710	25.9	2,622	2,019	4,641	6,020	77.0	5,603	9,730	57.5
Aspull	20	12	146	93	100	371	570	65.0	460	477	937	1,000	93.7	1,308	1,570	83.3
Atherton	3	151	180	156	179	669	1,530	43.7	1,111	1,150	2,261	2,700	83.7	2,930	4,230	69.2
Audenshaw	3	74	112	110	53	352	1,030	34.1	679	585	1,264	1,470	85.9	1,616	2,500	64.6
Bacup (B)	3	146	173	242	193	757	1,500	50.4	1,106	1,178	2,284	2,310	98.8	3,041	3,810	79.8
Barrowford	1	23	41	34	28	127	328	38.7	149	188	337	489	68.9	464	817	56.7
Billinge and Winstanley	9	47	65	87	105	313	490	63.8	312	310	622	840	74.0	935	1,330	70.3
Blackrod	1	12	42	26	28	109	250	43.6	142	121	263	390	67.4	372	640	58.1
Brierfield	2	52	78	75	43	250	518	48.2	320	245	565	776	72.8	815	1,294	62.9
Carnforth	10	39	42	25	37	153	259	59.0	164	193	357	432	82.6	510	691	73.8
Chaddorton	118	310	326	353	372	1,479	2,490	59.3	1,904	1,534	3,438	3,810	90.2	4,917	6,300	78.0
Chorley (B)	—	348	248	275	200	1,071	2,617	40.9	1,625	1,240	2,865	3,933	72.8	3,936	6,550	60.0
Church	2	48	37	41	38	166	376	44.1	129	204	333	562	59.2	499	938	53.1
Clayton-le-Moors	72	48	84	58	92	354	497	71.2	214	350	564	745	75.7	918	1,242	73.9
Clitheroe (B)	—	109	111	140	147	507	791	64.0	619	530	1,149	1,180	97.3	1,656	1,971	84.0
Colne (B)	7	191	195	204	232	829	1,499	55.3	878	903	1,781	2,253	79.0	2,610	3,752	69.5

131

Urban districts	Total number of children immunised						Estimated mid-year population, 1947 (under 5 years of age)	Per-centage immu-nised	Total number of children immunised			Estimated mid-year population, 1947 (5 to 14 years of age)	Per-centage immu-nised	Total immunised under 15 years of age	Total population under 15 years of age	Percentage immunised under 15 years of age
	Age at 31st December, 1947								Age at 31st Dec., 1947							
	Under 1	1	2	3	4	Total under 5			5 to 9	10 to 14	Total 5 to 14					
Crompton	102	97	159	194	154	706	1,010	69.9	728	502	1,230	1,430	86.0	1,936	2,440	79.3
Crosby (B)	57	340	418	366	449	1,630	5,266	30.9	2,125	2,322	4,447	8,116	54.7	6,077	13,382	45.4
Dalton-in-Furness	8	111	142	189	69	519	860	60.3	465	507	972	1,520	63.9	1,491	2,380	62.6
Darwen (B)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Denton	10	223	307	412	310	1,262	2,270	55.5	1,700	1,277	2,977	3,230	92.1	4,239	5,500	94.2
Droylsden	21	176	183	303	305	988	1,979	49.9	1,434	983	2,417	3,212	75.2	3,405	5,191	65.5
Eccles (B)	30	367	376	475	406	1,654	3,470	47.6	2,436	2,140	4,576	5,590	81.8	6,230	9,060	68.7
Failsworth	22	209	219	272	229	951	1,570	60.5	1,073	961	2,034	2,250	90.4	2,985	3,820	78.1
Farnworth (B)	11	179	234	360	368	1,152	2,370	48.6	1,441	1,531	2,972	3,400	87.4	4,124	5,770	71.4
Fleetwood (B)	4	122	144	158	172	600	2,230	26.9	1,114	1,787	2,901	4,230	68.5	3,501	6,460	54.1
Formby	19	101	131	106	113	470	750	62.6	648	738	1,386	1,396	99.2	1,856	2,146	86.4
Fulwood	8	110	141	135	159	553	770	71.8	26	648	1,274	1,580	80.6	1,827	2,350	77.7
Golborne	9	153	157	152	193	664	1,460	45.4	841	849	1,690	2,070	81.6	2,354	3,530	66.6
Grange	1	8	9	13	3	34	110	30.9	35	51	86	240	35.8	120	350	34.2
Great Harwood	63	140	101	98	86	488	778	62.7	543	561	1,104	1,164	94.8	1,592	1,942	81.9
Haslingden (B)	1	97	68	100	131	397	1,010	39.3	770	721	1,491	1,540	96.8	1,888	2,550	74.0
Haydock	7	164	152	157	150	630	1,280	49.2	703	678	1,381	1,780	77.5	2,011	3,060	65.7
Heywood (B)	67	165	183	226	231	872	2,079	41.9	1,220	1,017	2,237	3,224	69.3	3,109	5,303	58.6
Hindley	3	107	145	184	158	597	1,660	35.9	763	771	1,540	2,490	61.8	2,137	4,150	51.4
Horwich	4	128	159	179	189	659	1,230	53.5	860	846	1,706	1,880	90.7	2,365	3,110	76.0
Huyton-with-Roby	167	536	632	701	645	2,681	5,560	48.2	4,449	3,660	8,109	10,880	74.5	10,790	16,440	65.6
Ince-in-Makerfield	—	149	146	156	175	626	1,860	33.6	1,018	777	1,795	3,280	54.7	2,421	5,140	47.1
Irlam	10	113	161	186	165	635	1,240	51.2	784	828	1,612	2,120	76.0	2,247	3,360	66.8
Kearsley	31	151	136	117	147	582	910	63.9	581	584	1,165	1,320	88.2	1,747	2,230	78.3
Kirkham	11	39	51	36	50	187	340	55.0	304	304	608	650	93.5	795	990	80.3

TABLE 6—continued

Urban districts	Total number of children immunised						Estimated mid-year population, 1947 (under 5 years of age)	Per-centage immu-nised	Total number of children immunised			Estimated mid-year population, 1947 (5 to 14 years of age)	Per-centage immu-nised	Total immunised under 15 years of age	Total population under 15 years of age	Percentage immunised 15 years of age
	Age at 31st December, 1947								Age at 31st Dec., 1947							
	Under 1	1	2	3	4	Total under 5			5 to 9	10 to 14	Total 5 to 14					
Lancaster (B).....	52	346	400	346	516	1,660	3,870	42.8	3,122	3,125	6,247	6,453	96.8	7,907	10,323	76.5
Lees	4	7	84	45	47	187	330	56.6	256	193	449	500	89.8	636	830	76.6
Leigh (B)	65	249	291	358	319	1,282	4,150	30.8	1,734	1,606	3,340	6,250	53.4	4,622	10,400	44.4
Leyland	28	111	137	162	147	585	1,190	49.1	290	705	995	1,960	50.7	1,580	3,150	50.1
Litherland	150	133	198	266	192	939	1,864	50.3	1,233	1,147	2,380	2,874	82.8	3,319	4,738	70.0
Littleborough.....	—	84	97	117	121	419	800	52.3	505	520	1,025	1,250	82.0	1,444	2,050	70.4
Little Lever	1	43	50	55	42	191	380	50.2	221	228	449	570	78.7	640	950	67.3
Longridge	2	47	46	51	44	190	327	58.1	303	290	593	653	90.8	783	980	79.8
Lytham St. Annes (B)	30	285	294	287	256	1,152	1,730	66.5	1,315	1,320	2,635	2,930	89.9	3,787	4,660	81.2
Middleton (B)	51	277	303	385	346	1,362	2,571	52.9	1,580	1,528	3,108	3,986	77.9	4,470	6,557	68.1
Milnrow	8	71	119	69	69	336	660	50.9	480	418	898	960	93.5	1,234	1,620	76.1
Morecambe & Heysham (B)	16	221	191	198	202	828	2,200	37.6	1,341	1,040	2,381	3,790	62.8	3,209	5,990	53.5
Mossley (B)	10	103	94	160	107	474	880	53.8	643	482	1,125	1,170	96.1	1,599	2,050	78.0
Nelson (B)	25	324	231	288	283	1,151	2,322	49.5	1,441	1,404	2,845	3,461	82.2	3,996	5,783	69.0
Newton-le-Willows	4	159	178	226	203	770	1,700	45.2	825	931	1,756	3,070	57.1	2,526	4,770	52.9
Ormskirk	57	136	121	119	206	639	1,707	37.4	1,368	1,005	2,373	2,789	85.0	3,012	4,496	66.9
Orrell	24	80	67	151	83	405	718	56.4	337	382	719	1,251	57.4	1,124	1,969	57.0
Oswaldtwistle	4	92	101	69	75	341	910	37.4	325	458	783	1,362	57.4	1,124	2,272	49.4
Padiham	7	110	56	83	50	306	580	52.7	274	381	655	1,190	55.0	961	1,770	54.2
Poulton-le-Fylde	16	71	57	66	68	278	500	55.6	378	390	768	870	88.2	1,046	1,370	76.3
Preesall	4	14	44	35	22	119	130	91.5	114	100	214	250	85.6	333	380	87.6
Prescot	26	113	128	147	108	522	1,070	48.7	559	557	1,116	1,750	63.7	1,638	2,820	58.0
Prestwich (B).....	160	197	254	255	261	1,127	2,360	47.7	1,292	1,150	2,442	3,740	65.2	3,569	6,100	58.5
Radcliffe (B)	7	184	187	237	202	817	2,200	37.1	1,269	1,381	2,650	3,460	76.5	3,467	5,660	61.2
Rainford	10	55	43	51	53	212	310	68.3	276	238	514	520	98.8	726	830	87.4

TABLE 6 continued

Urban districts	Total number of children immunised						Estimated mid-year population, 1947 (under 5 years of age)	Per-centage immu-nised	Total number of children immunised			Estimated mid-year population, 1947 (5 to 14 years of age)	Per-centage immu-nised	Total immunised under 15 years of age	Total population under 15 years of age	Percentage immunised under 15 years of age
	Age at 31st December, 1947								Age at 31st Dec., 1947							
	Under 1	1	2	3	4	Total under 5			5 to 9	10 to 14	Total 5 to 14					
Ramsbottom	37	94	74	93	113	411	1,060	38·7	595	673	1,268	1,650	76·8	1,679	2,710	61·9
Rawtenstall (B)	60	226	180	223	173	862	1,730	49·8	1,188	1,252	2,440	2,820	86·5	3,302	4,550	72·5
Rishton	112	105	41	32	33	323	407	79·3	276	284	560	609	91·9	883	1,016	86·9
Royton	135	130	153	144	145	707	1,160	60·9	634	490	1,124	1,670	67·3	1,831	2,830	64·6
Skelmersdale	15	46	38	52	57	208	510	40·7	343	473	816	860	94·8	1,024	1,370	74·7
Standish-with-Langtree	16	46	57	81	58	258	740	34·8	391	357	748	1,120	66·7	1,006	1,860	54·0
Stretford (B)	8	414	769	890	648	2,729	5,110	53·4	2,688	2,073	4,761	7,240	65·7	7,490	12,350	60·6
Swinton & Pendlebury (B)	111	293	315	565	541	1,825	3,300	55·3	3,097	1,605	4,702	5,180	90·7	6,527	8,480	76·9
Thornton Cleveleys	11	160	120	113	148	552	840	65·7	789	821	1,610	1,700	94·7	2,162	2,540	85·1
Tottington	21	6	33	43	42	145	428	33·8	293	287	580	719	80·6	725	1,147	63·2
Trawden	1	15	12	9	5	42	151	27·8	55	110	165	227	72·6	207	378	54·7
Turton	17	53	55	84	124	333	750	44·4	348	770	1,118	1,310	85·3	1,451	2,060	70·4
Tyldesley	8	152	167	217	183	727	1,500	48·4	636	665	1,301	2,340	55·5	† 2,028	3,840	64·6
Ulverston	4	107	107	139	79	436	746	58·4	483	468	951	1,279	74·3	1,387	2,025	68·4
Upholland	8	44	24	47	58	181	523	34·6	588	233	821	910	90·2	1,002	1,433	69·9
Urmston	27	355	557	500	342	1,781	3,450	51·6	1,908	1,916	3,824	4,780	80·0	5,605	8,230	68·1
Walton-le-Dale	6	202	244	185	135	772	1,190	64·8	874	770	1,644	1,930	85·1	2,416	3,120	77·4
Wardle	—	31	35	35	32	133	260	51·1	149	128	277	410	67·5	410	670	61·1
Westhoughton	9	126	149	128	141	553	1,150	48·0	725	707	1,432	1,940	73·8	1,985	3,090	64·2
Whitfield	43	145	126	193	174	681	1,110	61·3	778	545	1,323	1,590	83·2	2,004	2,700	74·2
Whitworth	42	85	93	92	108	420	680	61·7	524	456	980	1,000	98·0	1,400	1,680	83·3
Widnes (B)	24	836	761	911	821	3,353	4,300	77·9	4,276	3,866	8,142	8,300	98·0	11,495	12,600	91·2
Withnell	6	10	6	5	11	38	197	19·2	129	159	288	319	90·2	326	516	63·1
Worsley	58	170	208	282	217	935	2,220	42·1	1,113	1,004	2,117	3,250	65·1	3,052	5,470	55·7
Total—Urban Districts	2,586	13,520	15,257	17,282	16,026	64,671	134,420	48·1	86,361	79,824	166,185	215,522	77·1	†230,856	349,942	65·9

† Plus 454 of indefinite age.

TABLE 6—continued.

Rural districts	Total number of children immunised						Estimated mid-year population, 1947 (under 5 years of age)	Per-centage immu-nised	Total number of children immunised			Estimated mid-year population, 1947 (5 to 14 years of age)	Per-centage immu-nised	Total immunised under 15 years of age	Total population under 15 years of age	Percentage immunised under 15 years of age
	Age at 31st December, 1947								Age at 31st Dec., 1947							
	Under 1	1	2	3	4	Total under 5			5 to 9	10 to 14	Total 5 to 14					
Blackburn	6	42	55	45	34	182	918	19.8	306	447	753	1,490	50.5	935	2,408	38.8
Burnley	—	118	132	155	142	547	1,272	43.0	639	675	1,314	1,904	69.0	1,861	3,176	58.5
Chorley	7	92	87	166	184	536	2,173	24.6	1,205	1,161	2,366	3,267	72.4	2,902	5,440	53.3
Clitheroe	10	55	131	82	112	390	629	62.0	372	323	695	940	73.9	1,085	1,569	69.1
Ryldo	10	80	101	127	141	459	910	50.4	535	535	1,070	1,430	74.8	1,529	2,340	65.3
Garstang	11	126	149	164	130	580	920	63.0	652	686	1,338	1,640	81.5	1,918	2,560	74.9
Lancaster	22	51	68	60	83	284	854	33.2	382	539	921	1,423	64.7	1,205	2,277	52.9
Limehurst	—	146	78	70	71	365	595	61.3	262	172	434	966	44.9	799	1,561	51.1
Lunesdale	6	45	33	38	45	167	517	32.3	249	426	675	862	78.3	842	1,379	61.0
Preston	237	237	295	285	223	1,277	2,760	46.2	1,856	1,333	3,189	4,470	71.3	4,466	7,230	61.7
Ulverston	5	97	175	125	96	498	1,254	39.7	731	864	1,595	2,151	74.1	2,093	3,405	61.4
Warrington	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
West Lancashire	85	211	226	291	327	1,140	3,373	33.7	2,274	2,767	5,041	5,511	91.4	6,181	8,884	69.5
Whiston	238	340	625	1,176	465	2,844	3,980	71.4	2,628	2,467	5,095	5,700	89.3	7,939	9,680	82.0
Wigan	11	42	49	60	43	205	628	32.6	376	471	847	1,095	77.3	1,052	1,723	61.0
Total—Rural Districts	648	1,682	2,204	2,844	2,096	9,474	20,783	45.5	12,467	12,866	25,333	32,849	77.1	34,807	53,632	64.8
Total—Urban Districts	2,586	13,520	15,257	17,282	16,026	64,671	134,420	48.1	86,361	79,824	166,185	215,522	77.1	†230,856	349,942	65.9
Total—Administrative County	3,234	15,202	17,461	20,126	18,122	74,145	155,203	47.7	98,828	92,690	191,518	248,371	77.1	†265,663	403,574	65.8

† Plus 454 of indefinite age.

TABLE 7.—VITAL STATISTICS RELATING TO MIDWIFERY AND MATERNITY AND CHILD WELFARE AREAS FOR THE YEARS

1946 AND 1947.

	1946				1947			
	Maternity and Child Welfare area		Midwifery area		Maternity and Child Welfare area		Midwifery area	
	Adminis- trative County area	County Council	Autonomous	County Council	County Council	Autonomous	County Council	Autonomous
Population (estimated).....	1,924,880	985,172	939,708	1,748,810	1,003,913	955,247	1,779,590	179,570
LIVE BIRTHS—								
Legitimate	33,592	16,986	16,606	30,311	19,351	19,170	34,849	3,672
Illegitimate	1,872	864	1,008	1,648	769	847	1,441	175
Total	35,464	17,850	17,614	31,959	20,120	20,017	36,290	3,847
Rate (per 1,000 est. resident population)	18.42	18.11	18.74	18.27	20.48	20.95	20.39	21.42
STILLBIRTHS—								
No. registered	1,137	548	589	1,021	513	553	948	118
Rate (per 1,000 total births)	31	29	32	30	24	26	25	29
INFANT DEATHS—								
Legitimate	1,529	785	744	1,384	884	891	1,610	165
Illegitimate	135	53	82	116	56	60	109	7
Total	1,664	838	826	1,500	940	951	1,719	172
INFANT MORTALITY RATE—								
Legitimate	45	46	44	45	45	46	46	44
Illegitimate	72	61	81	70	72	70	75	40
Total (legitimate and illegitimate)	46	46	46	46	46	47	47	44
MATERNAL MORTALITY—								
No. of deaths from—								
Puerperal and post-abortive sepsis	13	6	7	12	5	5	8	2
Other maternal causes	39	26	13	38	23	23	40	6
Total	52	32	20	50	28	28	48	8
MATERNAL MORTALITY RATE—								
Per 1,000 live births	1.46	1.79	1.13	1.56	1.39	1.39	1.32	2.07
Per 1,000 live and still births	1.42	1.73	1.09	1.51	1.35	1.36	1.28	2.01

INDEX

	Page
Accidents, road traffic	118, 123
Acute infectious encephalitis	88, 93, 118, 123
Acute polio-encephalitis	88, 92, 93, 118, 123
Acute poliomyelitis	88, 92, 93, 118, 123
Admissions, maternity, to County Hospitals and Institutions	23, 99
Adulteration, Food and Drugs	84
Ambulance facilities	32
Ambulance Service—N.H.S. Act, 1946	57
Analgesia, gas/air	96
Analyses, food and drugs	85
milk	85
Antenatal clinics	25, 99
Appendicitis	118, 123
Area, Administrative County	7, 117
urban and rural districts	110
Arsenobenzene compounds	32
Ashbins, movable	76
Ashpits, dry	76
Birth, injury	12, 15, 118, 123
premature	12, 15, 118, 123
Birth-rates	9, 98, 108, 109, 110
Births	9, 97, 98, 110
Blind Persons Acts, 1920 and 1938	102
Bronchitis	12, 14, 118, 123
Canal boats, inspection of	79
Cancer death-rates	9, 110
deaths	12, 13, 118, 123
Schemes under S.1 of Cancer Act, 1939	25
treatment of	25
Care and after-care of sick persons—N.H.S. Act, 1946	69
Care of mothers and young children—N.H.S. Act, 1946	47
Centres, child welfare	99
V.D. treatment	30
Cerebro-spinal fever	88, 92, 93, 118, 123
Chest conditions, non-tuberculous	27
Chicken-pox	93
Child welfare	98
centres	99
Children, illegitimate, care of	28, 99
institutional provision for homeless	28
Circulatory diseases, other	12, 118, 123
Civil Nursing Reserve	105
Clinics, antenatal	25, 99
maternity, attendances at	25
Closet accommodation	76
Common lodging houses	79
Congenital malformations, etc.	12, 15, 118, 123
County Hospital, Whiston	24
Cowkeepers, Number of	81
Dairymen, Number of	81
Death-rates	9, 11, 108, 109, 110
Deaths	11, 93, 110, 118, 123
causes of	12, 118, 123
infant	18, 20, 110
maternal, investigation of	17
transferable	16
Defence Regulation 33B—V.D.	32
55G—Milk	82
Diabetes, deaths from	118, 123
supply of insulin	33
Diarrhoea	88, 118, 123
Digestive diseases, other	12, 118, 123
Diphtheria	87, 92, 93, 94, 118, 123
immunisation	95, 130
Immunisation Service—N.H.S. Act, 1946	55
Disabled Persons (Employment) Act, 1944	104
Disinfection	95
Disinfestation	77
District Nursing Associations	28
District teachers of midwifery	96

	Page
Divisional Health Administration, Scheme of	36
Doctors' fees, payment of	97
Domestic Help Service—N.H.S. Act, 1946	70
Domiciliary births attended by midwives	97
Drainage and sewerage	76
Dry ashpits	76
Dysentery	92, 93
Education, public health	32
Encephalitis, acute infectious	88, 93, 118, 123
Encephalitis lethargica	88, 92, 93
Enteric fever	88, 92, 93, 94, 118, 123
Erysipelas	92, 93
Factories, etc., inspection of	77
Fees, doctors'	97
Financial assistance (<i>see</i> Grants)	
Food, inspection and supervision of	81
Food and Drugs Act, 1938	83
prosecutions	86
Food poisoning	83
Fresh-water closets	76
Gas/air analgesia	96
Gonorrhoea, treatment of	30
Grants, by local authorities	28
to local authorities—	
infectious disease hospital treatment	23
water supplies	75
to nursing associations	28
Health education	32
services, general provision of	21
Health visiting	98
service—N.H.S. Act, 1946	52
Heart disease	12, 118, 123
Homeless children, institutional provision for	28
Home Nursing Service—N.H.S. Act, 1946	53
Homes, for aged blind	103
nursing	29
Hospital accommodation	21
infectious diseases	21
maternity cases	24
Hospitals	21
County Council	23
Houses, for midwives	97
let in lodgings	79
Housing	80, 124
Ice-cream	86
Illegitimate births	10, 110
Illegitimate children,	
institutional provision for	28, 99
Illegitimate infant deaths	20
Immunisation, diphtheria	95, 130
Immunisation Service—N.H.S. Act, 1946	55
Infantile disease	12, 15, 118, 123
Infant mortality	18, 20, 110
rates	9, 98, 109, 110
Infants, institutional provision for illegitimate	28
Infants, premature, care of	100
Infectious diseases	87
death-rates	94
deaths	93
domiciliary nursing of	28
hospital accommodation for	21
notifications	92, 93
removals to hospital	93
Influenza	12, 118, 123
Inspection and supervision of food	81
Institutional treatment	27
Institutions for unmarried mothers, illegitimate infants and homeless children	28
Insulin, supply of	33
Intra-cranial vascular lesions	12, 14, 118, 123

	Page
Laboratory facilities, V.D. Scheme	29
Lectures, public health	32
to midwives	96
Legitimate births	110
Licences, agency, for supply of nurses	29
Licences, milk	81
Live births	9, 110
Lodging houses, common	79
Lodgings, houses-let-in	79
Mains water supplies, public.....	75
Malaria	93
Maternal mortality	16, 110, 118, 123
investigation of	17
rates	9, 16, 98, 110
Maternity and child welfare	98, 135
Maternity outfits, sterilised	96
Measles	88, 92, 93, 94, 118, 123
Medical aid forms	98
Mental Health Service—N.H.S. Act, 1946	71
Middens, privy	76
Midwifery, Maternity and Child Welfare	96, 135
Committee (1947-48)	4
Midwives Act, 1918—Doctors' fees	97
Midwives Acts, 1902-36	96
Midwives, domiciliary, births attended by	97, 98
housing of	97
lectures to	96
provision of motor cars for	96
roll of	97
supervision of	96
uniform of	96
Midwives Service—N.H.S. Act, 1946	51
Milk	81
adulteration of	85
analyses of	85
in schools	82
licences	81
purveyors of	81
Mothers, institutional provision for unmarried.....	28
Mothers and young children, care of—	
N.H.S. Act, 1946	47
Motor cars, provision of, for midwives	96
Movable ashbins	76
National Health Service Act, 1946	36
Proposals for provision of services under—	
Section 22	47
23	51
24	52
25	53
26	55
27	57
28	69
29	70
51	71
Nephritis	12, 118, 123
Non-pulmonary tuberculosis.....	16, 118, 123
Non-tuberculous chest conditions	27
Notifications of infectious diseases	92, 93
Nurseries	100
Nurses Acts, 1943 and 1945	29
Nurses' salaries	28
Nursing Associations	28
Nursing homes	29
Nursing in the home	28
Nursing Reserve, Civil	105
Offensive trades	77
Ophthalmia neonatorum	93, 99
Outfits, sterilised, maternity.....	96
Outfits, venereal diseases	30
Pail closets	76
Paratyphoid fever	88, 92, 93, 94, 118, 123
Park Hospital, Davyhulme	23
Pathological outfits	30
Permanent Medical Relief List.....	104
Pneumonia.....	12, 15, 92, 93, 118, 123
Polio-encephalitis, acute	88, 92, 93, 118, 123
Poliomyelitis, acute	88, 92, 93, 118, 123
Pollution of rivers and streams	76
Population, Administrative County	7, 117
urban and rural districts	7, 110

	Page
Post-abortive sepsis	118, 123
Post-natal clinics, attendances at	25
Premature birth	118, 123
Premature infants, care of	100
Prevention of illness, Service for—N.H.S. Act,	
1946	69
Private water supplies	75
Privy middens.....	76
Propaganda, public health	32
Prosecutions, food and drugs	86
Public Health and Housing Committee (1947-48)	4
Public health education.....	32
Puerperal pyrexia	93, 99
Puerperal sepsis	118, 123
Pulmonary tuberculosis	15, 110, 118, 123
Purveyors of milk	81
Rag Flock Acts, 1911 and 1928	77
Registration of blind persons	103
Registration of Nursing Homes	29
Respiratory diseases, other	118, 123
Rivers and streams	76
Road traffic accidents	118, 123
Roll of midwives.....	97
Rural Water Supplies and Sewerage Act, 1944.....	75
Rushcliffe Committee—Nurses' salaries	28
Sanitary circumstances of County	72
Sanitary inspections	77
Scarlet fever	87, 92, 93, 94, 118, 123
School children, provision of milk for	82
Sepsis, puerperal and post-abortive	118, 123
Sewerage, etc.	76
Sheds, vans, etc.	79
Sleeping-rooms, underground	79
Smallpox	87, 92, 93, 94
hospital accommodation	21
Smoke abatement	77
Social conditions	7
Soft chancre	31
Statistics, vital	9, 101, 107
Sterilised maternity outfits	96
Stillbirths	10, 98, 110
Streams, etc.	76
Suicide	118, 123
Supervision of midwives	96
Syphilis	30
Syphilitic diseases.....	118, 123
Teachers, district, of midwifery	96
home, of blind	104
Tents, vans and sheds	79
Trades, offensive	77
Transferable deaths	16
Tuberculosis	15
County Scheme	28, 93
death-rates.....	9, 15, 110
deaths	12, 15, 118, 123
Typhoid fever	88, 92, 93, 94, 118, 123
Ulcer of stomach or duodenum	118, 123
Underground sleeping-rooms	79
Uniform of domiciliary midwives	96
Unmarried mothers, institutional provision for.....	28
Vaccination	33
Service—N.H.S. Act, 1946	55
Vans, tents, etc.	79
Venereal diseases	29
Violence, deaths from.....	12, 15, 118, 123
Vital statistics	9, 101, 107
Waste-water closets	76
Water supplies	72
Welfare centres, child	99
Whooping cough	88, 92, 93, 94, 118, 123
Workshops, workplaces, etc.....	77
employment of blind persons in	103